FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL OMB Number: 3235-

OMB Number:	3235-0287						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					UI	of Section 30(ff) of the investment Company Act of 1340															
1. Name and Address of Reporting Person* STILLABOWER MICHAEL E						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title Other (specify)							
(Last) (First) (Middle) 1600 W. MERIT PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 06/21/2006									below)	(give title		below)	вреспу 			
(Street) SOUTH JORDAN UT 84095			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X    Form filed by One Reporting Person     Form filed by More than One Reporting Person									
(City) (State) (Zip)																					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D			action	action 2A. Dee Executi Day/Year) if any		Deemed cution Date,		3. 4. Securiting Disposed Code (Instr. 5)		ties Acquired (A) of Of (D) (Instr. 3, 4		or 5. Amou 4 and Securiti Benefici		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Pri	се	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Comon Stock, No Par Value														<u> </u>	,222		D				
			Table II -	Deriva (e.g., p	tive outs,	Sec cal	curities Is, warı	Acc rant	quired, [ s, option	oisp os, c	osed of, onvertib	or Bend de secu	eficia	lly C s)	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	ate, T	Transaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Cod	Code	v	(A)	(D)	Date Exercisab	ile	Expiration Date	Title	Amo or Num of Shar	ber							
Non- qualified stock options (right to buy)	\$2.85								05/23/20	01	05/23/2011	Common Stock	27,7	777		27,77	7	D			
Non- qualified stock options (right to buy)	\$9.56								05/23/20	02	05/23/2012	Common Stock	17,7	777		17,777		D			
Non- qualified stock options (right to buy)	\$10.47								05/22/20	03	05/22/2013	Common Stock	26,6	667		26,667		26,667		D	
Non- qualified stock options (right to buy)	\$21.67								12/13/20	03	12/13/2013	Common Stock	15,0	000		15,000		15,000 D			
Non- qualified stock options (right to buy)	\$13.81								06/10/20	04	06/10/2014	Common Stock	15,0	000		15,00	0	D			
Non- qualified stock options (right to buy)	\$14.26								05/25/20	05	05/25/2015	Common Stock	15,0	000		15,00	0	D			
Non- qualified stock options (right to	\$11.52	05/25/2006			A		15,000		05/25/200	6(1)	05/25/2013	Common Stock	15,0	000	\$11.52	15,00	0	D			

**Greg Barnett** 

06/20/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.