FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							• • •			-	1 7									
Name and Address of Reporting Person* Kaiser Laura S.						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [eck all app	ationship of Reportin all applicable) Director Officer (give title below)		erson(s) to I		
(Last) (First) (Middle) 1600 W MERIT PARKWAY						MMSI] 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023												Other (s	specify	
1000 W WIERII PARRWAI						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person					
SOUTH JORDAN UT 84095														Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	oosed of	, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Dat			Date,	Transaction Disposed Of (I Code (Instr. and 5)			es Acquired (A) or Of (D) (Instr. 3, 4			5. Amo Securi Benefi Owned Follow	ties cially I	Form (D) o	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A	A) or D)	Price	Report Transa						
Common Stock, No Par Value 05/18/2						2023			A		2,262(1)	Α	\$ <mark>0</mark>	5	5,312		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)			rative rities nired r osed)	6. Date E Expiratio (Month/E	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		1 1 1	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Expirat Exercisable Date		Expiration Date	Title	Amo or Num of Shar	ber								

Explanation of Responses:

1. The reported transaction involved the reporting person's receipt of a grant of 2,262 restricted stock units (RSUs) under the Merit Medical Systems, Inc. 2018 Long-Term Incentive Plan. The RSUs vest on May 18, 2024. Vesting of the RSUs is subject to continued service to the issuer through the vesting date.

/s/ Brian G. Lloyd, Attorney-

in-Fact

05/23/2023

** Signature of Reporting Person Date

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

- * 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.