FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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

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1. Name and Address of Reporting Person* Karras Nolan E.						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify							
(Last) 1600 WI		irst) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/12/2016									below)			below)	,poony			
(Street) SOUTH JORDAI	II	Т	84095				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	itate)	(Zip)												1 01301	•						
Table I - 1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Date,		3. Transaction Code (Instr.		Disposed of, or Benefic 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou		nt of s illy	Form:	Direct Ir Indirect B	7. Nature of Indirect Beneficial Ownership					
					(months Bay) real)		Code V		Amount (A) or (D) Price		Price		Reported Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Common	Stock, No	Par Value													4,0	000	I By		By IRA			
Common	Stock, No	Par Value													2,000			I Trustee for Revocal Trust				
Common Stock, No Par Value 08/12/2					016	.6			M		6,122	A	\$12.	.91	6,122		D					
Common Stock, No Par Value			08/12/2016		5		S		6,122	D	\$23.43			0		D						
		,	Table	II - Deriv (e.g.,	ative puts	Secu , calls	ıritie S, Wa	es Ac arran	quire ts, op	d, Di tions	sposed of s, converti	f, or Be ible se	enefici curitie	ally (s)	Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execu			ansaction of ode (Instr. Derivative		Expira	e Exer ation D h/Day/		of Sec Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	Owners Form: Direct (or Indir	Ownership	Beneficial Ownership ect (Instr. 4)				
													Amo									
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Num of Shai									
Non- qualified stock options (right to buy)	\$12.91	08/12/2016			М			6,122 05/23/2013 ⁽¹⁾ 05/23/2019 Common Stock 6,122 \$0		\$0	8,000		D									
Non- qualified stock options (right to buy)	\$9.95								05/22/	/2014 ⁽²	05/22/2020	Comm Stocl		000		25,00	00	D				
Non- qualified stock options (right to buy)	\$13.99								06/11/	′2015 ⁽³	06/11/2021	Comm Stock		000		25,00	00	D				
Non- qualified stock options (right to buy)	\$20.27								05/22/	′2016 ⁽⁴	05/22/2022	Comm Stock		000		25,00	00	D				
Non- qualified stock options (right to	\$18.8								05/26/	/2017 ⁽⁵	05/26/2023	Comm Stock		000		25,00	00	D				

Explanation of Responses:

- 2. Becomes exercisable in equal annual installments of 20% commencing 5/22/2014.
- 3. Becomes exercisable in equal annual installments of 20% commencing 6/11/2015.
- 4. Becomes exercisable in equal annual installments of 20% commencing 5/22/2016.
- 5. Becomes exercisable in equal annual installments of 20% commencing 5/26/2017.

6. The price reported in Column 4 of Table 1 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.41 to 23.50, inclusive. The reporting person undertakes to provide to Merit Medical Systems, Inc., any security holder of Merit Medical Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

Brian G. Lloyd, Attorney-in-Fact 08/15/2016

** Signature of Reporting Person Da

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.