

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

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

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

1. Name and Address of Reporting Person* <u>Anderson Jill</u> _____ (Last) (First) (Middle) <u>1600 WEST MERIT PARKWAY</u> _____ (Street) <u>SOUTH JORDAN UT 84095</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC [MMSI]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)		
			3. Date of Earliest Transaction (Month/Day/Year) <u>06/17/2021</u>					
			4. If Amendment, Date of Original Filed (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, No Par Value	06/17/2021		A		2,914	A	\$0	7,102 ⁽¹⁾	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					
Non-qualified stock options (right to buy)	\$51.31					01/07/2020 ⁽²⁾	01/07/2026	Common Stock	9,726	9,726	D	
Non-qualified stock options (right to buy)	\$52.17					05/24/2020 ⁽³⁾	05/24/2026	Common Stock	13,750	13,750	D	
Non-qualified stock options (right to buy)	\$52.17					05/31/2020 ⁽⁴⁾	05/31/2026	Common Stock	7,500	7,500	D	

Explanation of Responses:

- The reported transaction involved the reporting person's receipt of a grant of 2,914 restricted stock units under the Merit Medical System, Inc. 2018 Long-Term Incentive Plan. The reporting person has reported prior awards of restricted stock units in Table II of Form 4. The total reported in Column 5 of Table I includes the 2,914 newly awarded restricted stock units that vest on June 17, 2022 and 4,188 previously reported time-vesting restricted stock units that vest on June 22, 2021. Vesting of restricted stock units is subject to continued service to the issuer through the vesting date. The Form 4 filed on June 4, 2019 incorrectly stated that the reporting person held 6,400 shares of common stock, but the reporting person did not own any shares at that time.
- Becomes exercisable in equal annual installments of 33% commencing 01/07/2020.
- Becomes exercisable in equal annual installments of 33% commencing 05/24/2020.
- Becomes exercisable in equal annual installments of 33% commencing 05/31/2020.

/s/ Brian G. Lloyd, Attorney-in-Fact

06/21/2021

** 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.