FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | rden |
| hours per response: | 0.5 |

| 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 | | | hours per resp | oonse: 0.5 |
|---------------------------------------|--|-----------------|--|---|------------|----------------|--|
| Carpenter Lo | ess of Reporting Pers onny J (First) ERIT PARKWAY | on* (Middle) | 2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC</u> [MMSI] 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021 | 5. Relationship of (Check all applica X Director Officer (below) | | 10% Owner | |
| (Street) SOUTH JORDAN (City) | UT (State) | 84095 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | Form filed | l by One Repo | (Check Applicable rting Person One Reporting |

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) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|--------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock, No Par Value | 06/17/2021 | | Α | | 2,914 | Α | \$ <mark>0</mark> | 7,472 ⁽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. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date (Month/Day/Year) | | Expiration Date (Month/Day/Year) | | e Amount of | | 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) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

1. 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, 4,188 previously reported time-vesting restricted stock units that vest on June 22, 2021, and 370 shares of common stock. Vesting of restricted stock units is subject to continued service to the issuer through the vesting date.

| <u>/s/ Brian G. Lloyd, Attorney-</u> <u>in-Fact</u> | <u>06/21/2021</u> |
|--|-------------------|
| <u>in-Fact</u> | 00/21/2021 |

** 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.