FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* Miller Franklin J						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI] Selationship 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) 05/15/2017									below)	give title		below)	sреспу
(Street) SOUTH JORDAN UT 84095					4.	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)	(S	itate)	(Zip)												1 010011				
		Ta	ble I -	Non-Dei	rivativ	/e Se	curi	ties A	cquir		isposed o			ally	Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yo		Exec if an	Deemed cution Date, ly nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities / Disposed Of (D) (Instr. 3, 4 and 5)		1	Reporte	es ally Following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						$oxed{igspace}$			Code	V	Amount	(A) or (D)	Price		Transac (Instr. 3	and 4)			
Common												18,193			I	By the Franklin J. Miller and Bonnie A. Miller Family Trust			
Common Stock, No Par Value 05/15/20:					2017	.7		M	Щ	25,000(8)	A	\$13.1	\$13.16		7,334		D		
Common Stock, No Par Value 05/15/20.					2017				S		16,090(8)	D	\$33.95	21 ⁽⁹⁾				D	
			Table								posed of, convertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date	Execution Date, if any			ansaction of Derive Securion (A) or Dispo		or	Expira	e Exerc ation Da h/Day/\			rities ing ve Securit	Derivative Security		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 Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er					
Non- qualified stock options (right to buy)	\$13.16	05/15/2017			М			25,000	06/25/	/2011 ⁽¹⁾	06/25/2017	Commo Stock	ⁿ 25,00	00	\$0	0		D	
Non- qualified stock options (right to buy)	\$13.75								08/11/	[/] 2012 ⁽²⁾	08/11/2018	Commo Stock	ⁿ 20,00	00		20,000)	D	
Non- qualified stock options (right to buy)	\$12.91								05/23/	/2013 ⁽³⁾	05/23/2019	Commo Stock	ⁿ 20,00	00		20,000)	D	
Non- qualified stock options (right to buy)	\$9.95								05/22/	/2014 ⁽⁴⁾	05/22/2020	Commo Stock	ⁿ 25,00	00		25,000)	D	
Non- qualified stock options (right to buy)	\$13.99								06/11/	′2015 ⁽⁵⁾	06/11/2021	Commo Stock	n 25,00	00		25,000)	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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- qualified stock options (right to buy)	\$20.27							05/22/2016 ⁽⁶⁾	05/22/2022	Common Stock	25,000		25,000	D	
Non- qualified stock options (right to buy)	\$18.8							05/26/2017 ⁽⁷⁾	05/26/2023	Common Stock	25,000		25,000	D	

Explanation of Responses:

- $1.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ 06/25/2011.$
- $2. \ Becomes \ exercisable \ in \ equal \ annual \ installments \ of \ 20\% \ commencing \ 08/11/2012.$
- 3. Becomes exercisable in equal annual installments of 20% commencing 05/23/2013.
- 4. Becomes exercisable in equal annual installments of 20% commencing 05/22/2014.
- 5. Becomes exercisable in equal annual installments of 20% commencing 06/11/2015.
- $6.\ Becomes\ exercisable\ in\ equal\ annual\ installments\ of\ 20\%\ commencing\ 05/22/2016.$
- 7. Becomes exercisable in equal annual installments of 20% commencing 05/26/2017.
- 8. The reporting person paid the exercise price on a cashless basis, resulting in the Issuer's withholding of 16,090 of such shares to pay the exercise price and taxes and issuing the remaining 8,910 shares to the reporting person.
- 9. 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 \$33.90 to \$34.03, 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 05/16/2017

** 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.

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