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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject t Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | 0 |
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|---|---|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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| Instructio | on 1(b). | | | File | d pursı or S | | | | | | npany Act | | .554 | | | - | | |
|---|---|--|--|----------------------------------|---|--|-----------------|-------|---|------------|----------------------|---|--|---|-------|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person [*] EDELMAN RICHARD W | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC</u> [MMSI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) | (Firs | t) (N | /iddle) | | 1 | | | | | | | | | Officer (give title below) | | | Other (below) | specify |
| C/O MER | C/O MERIT MEDICAL SYSTEMS, INC. 1600 WEST MERIT PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2003 | | | | | | | | | | | , | |
| (Street) SOUTH JORDAN (City) | UT (Sta | | 84095 (Zip) | | | 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) | (58 | , , | | n-Deriv | ative | Sec | uriti | | quired | Dis | nosed o | f or Be | neficia | ly Owner | 4 | | | |
| 1. Title of Se | . Title of Security (Instr. 3) (Month/I | | | ction 2A. Deemed Execution Date, | | | Code (Instr. | | | ies Acquir | ed (A) or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4) | | | | | | | (Instr. 4) | | | | | | | | |
| Common S | nmon Stock, no par value | | | 08/06 | /2003 08/06/2003 | | | | М | | 2,000 | A | \$2.8 | 8 2 | 2,000 | | D | |
| Common S | ommon Stock, no par value 08 | | | 08/06 | /2003 08/06/2003 | | М | | 2,000 | D | \$25. | 93 | 0 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertik | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Transaction 3A. Deem te Execution | | | action Instr. | 5. Number of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | able and | | | 8. Price of Derivative Security (Instr. 5) | | e O es Fo ally Di g (I) i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | 1 | | | | |
| Nonqualified stock options (right to | \$2.88 | 08/06/2003 | 08/06/ | 2003 | М | | | 2,000 | 05/24/20 | 00 | 05/24/2005 | Common Stock | 2,000 | \$2.88 | 0 | | D | |
| buy) | | | | | | | | | | | | | | | | | | |
| | \$16.99 | | | | | | | | 05/23/20 | 02 | 05/23/2012 | Common Stock | 10,000 | | 10,00 | 10 | D | |

T **Explanation of Responses:**

Richard W. Edelman by Greg

Barnett, Atty in Fact, per Pwr

of Atty dtd 9/14/03 on file

w/SEC and incorporated herein

by reference

** Signature of Reporting Person Date

07/06/2003

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.