FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL 3235-0287

Estimated average burden hours per response: 0.5

Instruction 1(b).	Johanna Grad	Filed	pursuant to Section 16(a) of the Securities Exchange Act of 1934			flours per respo	Jise. 0.5
			or Section 30(h) of the Investment Company Act of 1940				
1. Name and Addres	ss of Reporting Persor	*	2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI		onship of Re all applicable Director	eporting Person e)	n(s) to Issuer
(Last)	(First)	(Middle)]	A	Officer (given below)	e title	Other (specify below)
1600 WEST MERIT PARKWAY		(Madic)	3. Date of Earliest Transaction (Month/Day/Year) 08/07/2017				·
(Street)		,	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ	dual or Joint	Group Filing (C	Check Applicable
SOUTH JORDAN	UT	84095		X	Form filed	by One Reporti	ng Person
					Form filed Person	by More than O	ne Reporting
(City)	(State)	(Zip)					
	<u> </u>		·				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, Transaction Disposed Of (D)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(111501.4)		
Common Stock, No Par Value	08/07/2017		M		4,000	A	\$12.91	10,400	D			
Common Stock, No Par Value	08/07/2017		M		5,000	A	\$9.95	15,400	D			
Common Stock, No Par Value	08/07/2017		M		1,000	A	\$13.99	16,400	D			
Common Stock, No Par Value	08/07/2017		M		10,000	A	\$20.27	26,400	D			
Common Stock, No Par Value	08/07/2017		M		5,000	A	\$18.8	31,400	D			
Common Stock, No Par Value	08/07/2017		S		25,000	D	\$41.15 ⁽¹⁾	6,400	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)		n of E		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)	\$12.91	08/07/2017		M			4,000	05/23/2013 ⁽²⁾	05/23/2019	Common Stock	4,000	\$0	0	D	
Non- qualified stock options (right to buy)	\$9.95	08/07/2017		M			5,000	05/22/2014 ⁽³⁾	05/22/2020	Common Stock	5,000	\$0	5,000	D	
Non- qualified stock options (right to buy)	\$13.99	08/07/2017		M			1,000	06/11/2015 ⁽⁴⁾	06/11/2021	Common Stock	1,000	\$0	14,000	D	
Non- qualified stock options (right to buy)	\$20.27	08/07/2017		M			10,000	05/22/2016 ⁽⁵⁾	05/22/2022	Common Stock	10,000	\$0	15,000	D	
Non- qualified stock options (right to buy)	\$18.8	08/07/2017		М			5,000	05/26/2017 ⁽⁶⁾	05/26/2023	Common Stock	5,000	\$0	20,000	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) Derivative Securities Acquired (A) or Disposed of (D) (Ins. 3, 4 and 5		ivative (Month/Day/Year) urities quired or posed D) (Instr.			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)	\$34.4							05/24/2018 ⁽⁷⁾	05/24/2024	Common Stock	25,000		25,000	D	

Explanation of Responses:

- 1. 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 \$41.10 to 41.25, 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.
- 2. Becomes exercisable in equal annual installments of 20% commencing 05/23/2013.
- 3. Becomes exercisable in equal annual installments of 20% commencing 05/22/2014.
- 4. Becomes exercisable in equal annual installments of 20% commencing 06/11/2015.
- 5. Becomes exercisable in equal annual installments of 20% commencing 05/22/2016.
- 6. Becomes exercisable in equal annual installments of 20% commencing 05/26/2017.
- 7. Becomes exercisable in equal annual installments of 20% commencing 05/24/2018.

Brian G. Lloyd, Attorney-in-08/08/2017

** 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.