FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
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).

## 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

Name and Address of Reporting Person*  LAMPROPOULOS FRED P					2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner     Officer (give title Other (specify)				
(Last) 1600 W I	•	(First) (Middle) RIT PARKWAY				3. Date of Earliest Transaction (Month/Day/Year) 01/20/2004								X belo	w)	below nt, CEO		
(Street) SO JORDAN UT 84095					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(St		Zip)	Di	-4: 6								<u> </u>					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					tion 2A. Deemed Execution Date,			quired, Disposed of, or Benef  3. Transaction Code (Instr. 8) 8)  4. Securities Acquired Disposed Of (D) (Instr and 5)			d (A) o	r 5. Am Secui Bene Owne	ount of rities ficially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	nt (A) or (D)		Price			(Instr. 4)	(Instr. 4)	
Common Stock, no par value 01/20					004 01/20/2004		G		1,060	)	D	(2)	8	45,184	D			
Common Stock, no par value 0				01/20/2	2004 01/		/20/2004	G		1,060	)	D	(2)	8	44,124	D		
Common Stock, no par value 01/2				01/20/2	004 01/20/2004		G		1,060	)	D	(2)	8	43,064	D			
Common Stock, no par value 08/08/				08/08/1	988 08/08/1988		G		54,87	3	A	(1)	5.	4,873(1)	I	by 401(k) Plan <sup>(1)</sup>		
		Та	ble II				ties Acqui warrants,							Owned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transac Code (Ir 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercis Expiration Date (Month/Day/Ye		е	Secui Unde Deriv	int of ities rlying ative ity (Ins		Price f erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

- $1. \ Represents \ plan \ holdings \ as \ of \ 01/21/04 \ per \ most \ recent \ plan \ statement \ timely \ distributed.$
- 2. Gif

Fred P. Lampropoulos 01/21/2004

\*\* 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.