

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* <u>BARNETT GREG L</u> _____ (Last) (First) (Middle) <u>1600 W. MERIT PARKWAY</u> _____ (Street) <u>SOUTH JORDAN UT 84095</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC [MMSI]</u> _____			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <p style="text-align: center;">Controller</p>		
			3. Date of Earliest Transaction (Month/Day/Year) <u>11/25/2003</u>					
			4. If Amendment, Date of Original Filed (Month/Day/Year) <u>11/26/2003</u>					
6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person								

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)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock, no par value	11/24/2003	11/24/2003	M		3,333	A	\$10.14	3,333	D	
Common Stock, no par value	11/24/2003	11/24/2003	S		3,333	D	\$29.25 ⁽⁵⁾	0	D	
Common Stock, no par value	08/08/1988	08/08/1988	M		3,692	A	⁽¹⁾	3,692 ⁽¹⁾	I	by 401(k) Plan ⁽¹⁾

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					
Non-qualified Stock Options (right to buy)	\$2.76	08/08/1988	08/08/1988	M		12,501		02/12/2002 ⁽²⁾	02/12/2011	Common Stock	12,501	12,501	D	
Non-qualified Stock Options (right to buy)	\$10.14	11/24/2003	11/24/2003	M		3,333		12/08/2002 ⁽³⁾	12/07/2011	Common Stock	3,333	13,334	D	
Non-qualified Stock Options (right to buy)	\$12.99	08/08/1988	08/08/1988	M		13,333		02/06/2004 ⁽⁴⁾	02/06/2013	Common Stock	13,333	13,333	D	

Explanation of Responses:

1. Represent plan holdings as of 12/31/02 per most recent plan statement timely distributed
2. Become exercisable in equal installments of 20% commencing 02/12/02
3. Become exercisable in equal installments of 20% commencing 12/08/02
4. Become exercisable in equal installments of 20% commencing 02/06/04
5. Corrected share price

Greg Barnett

11/26/2003

** 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.