FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

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

| 1. Name an LAMPF (Last) | ME MM 3. Da | 2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI] 3. Date of Earliest Transaction (Month/Day/Year) 09/03/2003 | | | | | | | | | | all app | er (give title | 2 | X 10% C Other below) | Owner (specify | | | | |
|--|--|--|-----|---|--|--|--------------------------------|---|------|--------|---|---------------|--|---------------------------------------|--|--|----|---|--|--|
| (Street) SO JORD (City) | O JORDAN UT 84095 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indivine) | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of S | ion //Year) | Execution Date, | | | | | | rities Acquired (A ed Of (D) (Instr. 3 | | | 3, 4 S | | 5. Amount of Securities Beneficially Owned Following | | Ownership m: Direct or irect (I) str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , | Reported Transaction(s) (Instr. 3 and 4) | | ,, | | (| |
| Common | Stock, no p | 003 | 09/ | 9/02/2003 | | S | | 7,759 | | D | \$21.1 | | 861,633 | | | D | | | | |
| Common Stock, no par value 08/08/19 | | | | | | 988 08/ | | 8/08/1988 | | | 41,038 | (1) |) A (1 | |) | 41,038(1) | | | 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) | Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Securi Acqu (A) or Dispo of (D) (Instrand 5 | ative rities ired sed | 6. Date Expiration (Month/D | n Da | ear) | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amou or Numb of Title Share | | ount | 8. Pr of Deriv Secu (Inst | vative rity | Beneficially | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

 $1. \ Represent \ plan \ holdings \ a/o \ 8/22/03 \ per \ most \ recent \ plan \ statement \ timely \ distributed.$

Fred P. Lampropoulos 09/03/2003

** 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.