FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours ner resnonse.	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 and Address of Reporting Person*  Stephens Martin R  (Last) (First) (Middle)  1600 W. MERIT PARKWAY						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [ MMSI ]  3. Date of Earliest Transaction (Month/Day/Year) 06/27/2007  4. If Amendment, Date of Original Filed (Month/Day/Year)								(Che	ck all appl Direct Office below	cor (give title v)		erson(s) to Issuer  10% Owner Other (specify below) of Sales ng (Check Applicable	
(Street) SOUTH JORDAN			34095 ————————————————————————————————————											Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5)											, ,	-	<u> </u>					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					tion	on 2A. Deemed Execution Date,			3. Transact Code (In	ion	4. Secu	urities Acquired (A		(A) or	5. Amo Securit Benefic Owned Follow Report Transa	ount of 6. ties Fo (D) Inc		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
	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)	Title of 2. 3. Transaction party curity or Exercise (Month/Day/Year) 3A. Deemed Execution Date, if any					5. Number of Code (Instr. Derivative			6. Date Exe Expiration (Month/Day		7. Title a Amount Securitie Underly Derivativ Security and 4)	of es ng re	1	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amo or Num of Shar	ber					
Non- qualified stock options (right to buy)	\$12.13	06/27/2007			A		15,000		(1)	06.	/27/2014	Common Stock	15,0	000	\$0	15,000		D	

## **Explanation of Responses:**

1. Become exercisable in equal annual installments of 20% commencing 06/27/08

Rashelle Perry, Attorney-in-Fact 06/29/2007

\*\* 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.