SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

ONB Number.	3235-0207
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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 OV	NNERSHIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* Frost Ronald						2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC</u> [MMSI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify					
(Last) 1600 WI	(F EST MERIT		3. Date of Earliest Transaction (Month/Day/Year) 03/16/2021									below)		ATIN(below) G OFFICE	ER				
(Street) SOUTH JORDAN UT 84095				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)) (State) (Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																			
1. Title of Security (Instr. 3)				Date	n/Day/Y	'ear)	Execution Date,		te, Transa Code (Dispose	Disposed Of (D) (Instr. 3, 4			Securitie Benefici	es ally Following	Form (D) o	n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) P		Price	Transaction(s) (Instr. 3 and 4)				(1150. 4)	
Common	Stock, No	Par Value		03/1	16/202	21			S		5,00	<u>с</u>	D	\$ <u>60.</u>	5 2,	343		D		
Common	Common Stock, No Par Value													16,28	16,283.343		I	By 401(k) plan ⁽¹⁾		
		-							quired, D ts, optior						Owned					
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, Transaction of cor Exercise (Month/Day/Year) if any Code (Instr. Derivative				vative nrities nired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Derivative Sect (Instr. 3 and 4)					curity	8. Price of Derivative Security (Instr. 5)			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	0 N 0	umber						
Non- qualified stock options (right to buy)	\$17.27								02/13/2016	(2)	02/13/2022	Comn Stoc		0,000		20,00	0	D		
Non- qualified stock options (right to buy)	\$16.05								01/28/2017	(3)	1/28/2023	Comn stoc		0,000		20,00	0	D		
Non- qualified stock options (right to buy)	\$28.2								04/14/2018	(4) ()4/14/2024	Comn Stoc		0,000		50,00	0	D		
Non- qualified stock options (right to buy)	\$44.8								03/02/2019	(5) ()3/02/2025	Comn Stoc		0,000		40,00	0	D		
Non- qualified stock options (right to buy)	\$55.73								03/01/2020	(6) ()3/01/2026	Comn Stoc		0,000		30,00	0	D		
Non- qualified stock options (right to buy)	\$37.71								02/26/2021	(7) (02/26/2027	Comn Stoc		6,722		16,72	2	D		

Explanation of Responses:

1. Represents plan holdings as of 02/26/2021.

2. Become exercisable in equal annual installments of 20% commencing 02/13/2016.

3. Become exercisable in equal annual installments of 20% commencing 01/28/2017.

4. Become exercisable in equal annual installments of 20% commencing 04/14/2018.

5. Become exercisable in equal annual installments of 20% commencing 03/02/2019.

- 6. Become exercisable in equal annual installments of 20% commencing 03/01/2020.
- 7. Become exercisable in equal annual installments of 25% commencing 02/26/2021.

<u>/s/ Brian G. Lloyd, Attorney-</u> <u>03/18/2021</u> <u>in-Fact</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \ast 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.