FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

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* BEAN REX C						2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
<i>a</i>	(F:				- 1									Offic belov	er (give ti	Oth belo	er (specify				
(Last) 1600 W. I	(Fir MERIT PA	,	(Middle))		3. Date of Earliest Transaction (Month/Day/Year) 07/28/2003													,,,,		
(Street)					4. 1	f Amen	dment,	Date	of Orio	ginal F	iled (Month/D		6. Individual or Joint/Group Filing (Check Applicable Line)								
SOUTH JORDAN	וט ט	Γ	84095	i	_										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Executio		e, 7	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		I (A) or . 3, 4 and	5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership				
								[Code	v	Amount	(A) or (D)	Price		Transaction (Instr. 3 a	on(s) nd 4)			(Instr. 4)		
Common	Stock, No I	Par Value													145,	484		ı	Bean Family Investments, LLC		
Common	Stock, No I	Par Value		07/28/20	003				S		15,000	D	\$25.85	5 (1)	65,0	98		I	Rex C. Bean Charitable Remainder Trust		
Common	Stock, No I	Par Value		07/29/20	003				S		10,000	D	\$25.98	3 (2)	55,0	98		ı	Rex C. Bean Charitable Remainder Trust		
Common Stock, No Par Value			07/30/2003					S		300 D \$20		\$26		54,798		I C		Rex C. Bean Charitable Remainder Trust			
Common Stock, No Par Value													10,0	000])					
Common	Stock, No I	Par Value													9,450			ı İ	Bean Family Revocable Trust dated 6/24/94		
Common Stock, No Par Value												39,4	438 I		I	Rex C. Bean Trust dated 8/8/02					
		Т	able I								posed of, , convertil				Owned						
1. Title of Derivative Security (Instr. 3)			Execution Date, of the life any			ransaction ode (Instr.)		sed 3, 4	Expiration (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)		
		Code	v	(A) (D)				Expiration e Date	Amount or Number of Shares												

Explanation of Responses:

REX C. BEAN

01/27/2011

** Signature of Reporting Person

Date

^{1.} This price is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$25.80 to \$25.90, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, information regarding the number of shares sold at each separate price within the ranges set forth in footnotes 1 and 2 to this Form 4.

^{2.} This price is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$25.95 to \$26.00, inclusive.

- * 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.