FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF (	CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPR	OVAL
	OMB Number:	3235-0287
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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).

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* <u>STANGER KENT W</u>					2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC MMSI										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) 79 WEST 4500 SOUTH SUITE 9				3. Date of Earliest Transaction (Month/Day/Year) 12/23/2003										X Officer (give title Other (specify below)  Chief Financial Officer						
(Street) SALT LAKE CITY UT 84107			4. If A	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											son					
(City)	(S	tate)	(Zip)																	
Table I - No  1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		e Securities Acc 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities A		Acquired (A) or (D) (Instr. 3, 4 ar		5. Amount of Securities Beneficially Owned Following Reported		nt of es ally Following	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	•	Transact (Instr. 3	tion(s) and 4)			
	Stock, no p			12/23/2	2003	12/	/23/20	003	G		5,000	4	D	(2)	)	370	,576		D	
Common Stock, no par value			12/23/2003		12/23/2003		G		100	_	D	(2)		370,476			D			
Common Stock, no par value				12/23/2	12/23/2003		12/23/2003		G		100	_	D	(2)			370,376		D	
Common Stock, no par value			12/23/2	12/23/2003		12/23/2003		G		100	_	D	(2)		370,276			D		
Common Stock, no par value			12/23/2	12/23/2003		12/23/2003		G		100		D	(2)		370,176		D			
Common Stock, no par value			12/23/2	2/23/2003		12/23/2003		G		100		D (		)	370,076		D			
Common Stock, no par value			08/08/1	08/08/1988		08/08/1988		M		148,041		A	(3)		148,041		I		Family limited partnership	
Common Stock, no par value 08/				08/08/1	988 08/08/1988		88	M		47,985		A	(1)		47,985(1)				401(k) Plan <sup>(1)</sup>	
Common Stock, no par value 08/08/19				1988	988 08/08/1988		М		3,416		A	(4) 3,		3,4	3,416 <sup>(4)</sup>		O <sup>(4)</sup>			
			Table II								osed of,					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day/	th/Day/Year)   Execution	emed ion Date,	4. Transac Code (Ir 8)	ition istr.	5. Number of			Exerc on Da	isable and ite	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		d f	8. P Der Sec (Ins	erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
-vnlanation					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Titl	or Nu of	ımber						

- $1. \ Represents \ holdings \ as \ of \ 10/28/03 \ per \ most \ recent \ statement \ timely \ distributed.$
- 2. Gift
- 3. Family limited partnership
- 4. Employee stock purchase plan.

Kent W. Stanger

12/29/2003

\*\* 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.