Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

OMB APPROVAL

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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

1. Name and Address of Reporting Person* BARNETT GREG L				2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) 1600 W.	(F MERIT PA	•	(Middle)	3.			3. Date of Earliest Transaction (Month/Day/Year) 12/18/2014								X Officer (give title Other (specify below) Chief Accounting Officer				
(Street) SOUTH JORDAI	N U	Т	84095		4.	,			of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n	
(City)	(S	tate)	(Zip)											Perso	П				
		Tal	ble I - No	n-Deri	ivativ	re S	ecur	ities Ac	quired	l, Dis	sposed o	f, or Ber	neficia	lly Owne	ł				
		2. Transaction Date (Month/Day/Yea		Execution Date,		Transaction Disposed Of Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5) Securit Benefic Owned	Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, No Par Value			12/18	8/2014	/2014			M		10,000	A	\$11.	53 10),000		D			
Common	Stock, No	Par Value		12/18	8/2014	4			S		10,000	D	\$16.9	1(1)	0		D		
			Table II								osed of, convertib			y Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		if any Co			. 5. Numb ransaction of ode (Instr. Derivativ		ivative curities quired or posed D) (Instr.	6. Date Exercis. Expiration Date (Month/Day/Yea		e of Securities		ies g Securit	Derivative Security			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershij (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amour or Numbe of Shares	r					
Non- qualified stock options (right to buy)	\$11.53	12/18/2014			M			10,000	05/21/20	09 ⁽²⁾	05/21/2015	Common Stock	10,00	0 \$0	15,00	0	D		
Non- qualified stock options (right to buy)	\$9.71								12/28/2	005	12/28/2015	Common Stock	12,50	0	12,50	0	D		
Non- qualified stock options (right to buy)	\$13.75								08/11/20	12 ⁽³⁾	08/11/2018	Common Stock	20,00	0	20,00	00	D		
Non- qualified stock options (right to buy)	\$13.14								07/31/20	14 ⁽⁴⁾	07/31/2020	Common Stock	10,00	0	10,00	0	D		
Non- qualified stock options (right to	\$12.06								10/04/20	15 ⁽⁵⁾	10/04/2021	Common Stock	10,00	0	10,00	0	D		

Explanation of Responses:

- 1. The price reported in Column 4 of Table 1 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.90 to \$16.92, inclusive. The reporting person undertakes to provide to Merit Medical Systems, Inc., any security holder of Merit Medical Systems, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- 2. Becomes exercisable in equal annual installments of 20% commencing 05/21/09.
- 3. Becomes exercisable in equal annual installments of 20% commencing 08/11/12.
- 4. Becomes exercisable in equal annual installments of 20% commencing 07/31/14.
- 5. Becomes exercisable in equal annual installments of 20% commencing 10/04/15.

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.