FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

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Name and Address of Reporting Person* Frost Ronald						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 X Officer (give title Other (specify					
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 07/30/2019									helow)		ating	below) Officer		
(Street) SOUTH JORDAI	TH UT 84095				4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	te) (Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action		2A. Dec Execut if any (Month	emed ion Dat	te, Transa	3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							•		Code	v	Amount	Amount (A) or (D)		Price	Reporter Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock, No Par Value															16	16,311		Ι .	By 401(k) plan ⁽¹⁾	
Common Stock 07/)/2019			P		5,00	0	A	\$4	5,000			D			
		-	Table II -	Derivat (e.g., p	tive : uts,	Sec cal	uritie Is, wa	s Ac rrant	quired, E ts, optioi)isp	osed of converti	, or ble	Benef secur	iciall ities)	y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, 1	1. Fransa Code (1 3)						ecurities erlying vative S	s ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				C	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	1	Amount or Number of Shares						
Non- qualified stock options (right to buy)	\$12.06								10/04/2015	(2)	10/04/2021		nmon ock	25,000		25,00	0	D		
Non- qualified stock options (right to buy)	\$17.27								02/13/2016	(3)	02/13/2022		nmon ock	20,000		20,000		D		
Non- qualified stock options (right to buy)	\$16.05								01/28/2017	(4)	01/28/2023		nmon ock	20,000		20,000		D		
Non- qualified stock options (right to buy)	\$28.2								04/14/2018	(5)	04/14/2024		nmon ock	50,000		50,00	0	D		
Non- qualified stock options (right to buy)	\$44.8								03/02/2019	(6)	03/02/2025		nmon ock	40,000		40,00	0	D		
Non- qualified stock options (right to	\$55.73								03/01/2020	(7)	03/01/2026		nmon ock	30,000		30,00	0	D		

- 1. Represents plan holdings as of 07/30/2019.
- 2. Become exercisable in equal annual installments of 20% commencing 10/04/2015.
- 3. Become exercisable in equal annual installments of 20% commencing 02/13/2016.
- 4. Become exercisable in equal annual installments of 20% commencing 01/28/2017.
- 5. Become exercisable in equal annual installments of 20% commencing 04/14/2018.
- 6. Becomes exercisable in equal annual installments of 20% commencing 03/02/2019.
- 7. Becomes exercisable in equal annual installments of 20% commencing 03/01/2020.

Remarks:

Brian G. Lloyd, Attorney-in-07/31/2019 **Fact**

** 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.