

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person * <u>Frost Ronald</u> <hr/> (Last) (First) (Middle) <u>1600 WEST MERIT PARKWAY</u> <hr/> (Street) <u>SOUTH UT 84095</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MERIT MEDICAL SYSTEMS INC [MMSI]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Operating Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/03/2014</u>	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock, No Par Value								15,702	I	By 401(k) plan ⁽¹⁾
Common Stock, No Par Value	06/03/2014		M		2,325	A	\$11.05	2,325	D	
Common Stock, No Par Value	06/03/2014		S		2,325	D	\$14.072	0	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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
Non-qualified stock options (right to buy)	\$11.05	06/03/2014		M			2,325	06/10/2004	06/10/2014	Common Stock	2,325	\$0	0	D	
Non-qualified stock options (right to buy)	\$9.7							06/27/2008 ⁽²⁾	06/27/2014	Common Stock	5,000		5,000	D	
Non-qualified stock options (right to buy)	\$11.53							05/21/2009 ⁽³⁾	05/21/2015	Common Stock	11,250		11,250	D	
Non-qualified stock options (right to buy)	\$13.75							08/11/2012 ⁽⁴⁾	08/11/2018	Common Stock	15,000		15,000	D	
Non-qualified stock options (right to buy)	\$13.14							07/31/2014 ⁽⁵⁾	07/31/2020	Common Stock	10,000		10,000	D	

Explanation of Responses:

1. Represents plan holdings as of 06/03/2014.
2. Become exercisable in equal annual installments of 20% commencing 06/27/2008.
3. Become exercisable in equal annual installments of 20% commencing 05/21/2009.
4. Become exercisable in equal annual installments of 20% commencing 08/11/2012.

5. Become exercisable in equal annual installments of 20% commencing 07/31/2014.

Ronald Frost

06/05/2014

** 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.