SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	n
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	ress of Reporting P	erson*	2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
STANGER	KENI W		1	X	Director	10% Owner			
(Last)	(First)	(Middle)	- []		Officer (give title below)	Other (specify below)			
(Last) (First) (Middle) 1600 W MERIT PARKWAY		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/14/2017						
(Street) SOUTH			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Group Fili	ng (Check Applicable			
JORDAN	UT	84095		X	Form filed by One Reporting Person				
			_		Form filed by More than One Reportin Person				
(City)	(State)	(Zip)							

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)	Transaction Code (Instr.		4. Securities Disposed Of			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	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock, No Par Value								42,277	Ι	By 401(k) plan ⁽¹⁾		
Common Stock, No Par Value								4,271 ⁽²⁾	D			
Common Stock, No Par Value								29,524	Ι	Family Limited Liability Company ⁽³⁾		
Common Stock, No Par Value	09/14/2017		М		670	A	\$13.75	412,204	D			
Common Stock, No Par Value	09/14/2017		S		670	D	\$ 42.059 ⁽⁴⁾	411,534	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. Transa Code (8)		of Deriv Secu Acqu (A) o Disp of (D	rities lired r osed) r. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of Securities Deriv Underlying Security (Instr Derivative Security (Instr		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	Amount or Number of Shares					
Non- qualified stock options (right to buy)	\$ 13.75	09/14/2017		М			670	08/11/2012 ⁽⁵⁾	08/11/2018	Common Stock	670	\$0	54,000	D		
Non- qualified stock options (right to buy)	\$12.06							10/04/2015 ⁽⁶⁾	10/04/2021	Common Stock	2,000		2,000	D		
Non- qualified stock options (right to buy)	\$ 19.72							05/02/2017 ⁽⁷⁾	05/02/2023	Common Stock	9,375		9,375	D		
Non- qualified stock options (right to buy)	\$18.8							05/26/2017 ⁽⁸⁾	05/26/2023	Common Stock	25,000		25,000	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	Amount or Number of Shares				
Non- qualified stock options (right to buy)	\$34.4							05/24/2018 ⁽⁹⁾	05/24/2024	Common Stock	25,000		25,000	D	

Explanation of Responses:

1. Represents plan holdings as of 09/11/2017.

2. Employee stock purchase plan holdings as of 09/11/2017.

3. This report shall not be deemed an admission that the reporting person is the beneficial owner of the securities held by K.W.S. Properties LC.

4. 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 \$42.00 to 42.15, 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.

5. Becomes exercisable in equal annual installments of 20% commencing on 08/11/2012.

6. Becomes exercisable in equal annual installments of 20% commencing on 10/04/2015.

7. Becomes exercisable in equal annual installments of 20% commencing on 05/02/2017.

8. Becomes exercisable in equal annual installments of 20% commencing on 05/26/2017.

9. Becomes exercisable in equal annual installments of 20% commencing on 05/24/2018.

Brian G. Lloyd, Attorney-in-Fact

Date

09/18/2017

** Signature of Reporting Person

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.