FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
----------------	----------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l		VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

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

					0.	0000	1011 00(11)	JI 1110	invocation c	,0,,,,	party / tot t	01 10 10							
1. Name and Address of Reporting Person* ELLIS JAMES J					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) 1600 W. MERIT PARKWAY							of Earliest	Trans	saction (Mont	h/Da	ay/Year)	\dashv	Officer (give title below)				Other (specify below)		
(Street) SOUTH JORDAN UT 84095			4. 1	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) (State) (Zip)																			
			le I - Non						quired, D	isp								1-	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Inst			rities Acquired (A) o		4 and Securitie Benefici		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct C Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V	'	Amount	(A) or (D)	Price	Tra (In	Transaction(s) (Instr. 3 and 4)				
Common	Stock, No														20,	711		D	
			Table II - I)	Deriva e.g., p	tive outs,	Sec call	urities <i>i</i> s, warra	Acq ants	uired, Dis s, options	po , cc	sed of, onvertit	or Bend ole secu	eficial ırities)	ly Owr	ned				
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/Yea	ate, T	4. Transa Code (3)		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 Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Deriv Secu	3. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercisable	Ex Da	piration ate	Title	Amour or Number of Shares	r					
Non- qualified stock options right to ouy)	\$21.67								12/13/2003	12	/13/2013	Common Stock	15,00	0		15,000	0	D	
Non- qualified stock options right to ouy)	\$9.56								05/23/2002	05	/23/2012	Common Stock	17,77	7		17,77	7	D	
Non- qualified stock options right to ouy)	\$10.47								05/22/2003	05	/22/2013	Common Stock	26,66	7		26,66	7	D	
Non- qualified stock options (right to ouy)	\$13.81								06/10/2004	06	/10/2014	Common Stock	15,00	0		15,000	0	D	
Non- qualified stock option right to ouy)	\$14.26								05/25/2005	05	/25/2015	Common Stock	15,00	0		15,000	0	D	
Non- qualified stock options (right to	\$11.52	05/25/2006			A		15,000		05/25/2006	05	/25/2013	Common Stock	15,00	0 \$11	1.52	15,000	(1)	D	

Explanation of Responses:

 $^{1. \} The information reported in this form is intended to replace an incorrect filing on a form 5 that was filed 06/21/06. \ And to correct a date in box 3.$

- * 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.