FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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).

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

| 1. Name and Address of Reporting Person* PERRY RASHELLE | | | | | ME | 2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI] | | | | | | | | | | all app | olicable) | | o Issuer Owner er (specify |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------|------------|---------------|------------------------------------------------------------------------------------|---|---------------------------------------|----------------------------------|----------------|-------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|----------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|
| · / · · · / | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) $05/26/2006 \label{eq:month-Day}$ | | | | | | | | | | below) Chief Leg | | below) | |
| (Street) SOUTH JORDAN (City) | | | 4095 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | <i>'</i> | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Dat | | | Date, | 3. Transact Code (In 8) | | on Disposed | | ities Acquired (A d Of (D) (Instr. 3 | | | 5. Ame Securi Benefi Owned | icially d | 6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4) | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Repor Trans | | | (| (| | | |
| Common Stock | | | | 05/26/2006 | | | | P | | 566 | | A | \$11 | 1.35 | | 566 | D | | |
| Common Stock | | | 05/30/2006 | | | | P | | 1,000 | | A | \$11 | .18 | | 1,566 | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 4 | 584(1) | I | By 401(k) plan |
| Common Stock | | | | | | | | | | | | | | | | 5 | 514(2) | 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) | if any | tion Date, | | Transaction Code (Instr. B) | | vative rities ired rosed) r. 3, 4 5) | 6. Date Expiration (Month/D | on Da Day/Y | ear) | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) Amount or Numb of Share | | nstr. nount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. 4) | Beneficial Ownership |

Explanation of Responses:

- $1. \ Represents \ plan \ holdings \ as \ of \ 12/31/05 \ based \ upon \ most \ recent \ plan \ statement \ timely \ distributed.$
- 2. Acquired under the Employee Stock Purchase Plan as of 12/31/05.

Rashelle Perry 05/31/2006

** 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.