FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
-------------	------------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL									
OMB Number:	3235-0287									
Estimated average burden										
hours per response	. 05									

	tion 1(b).	iue. See		Filed							es Exchangen es Exchangen					hours	per re	sponse:	0.5
1. Name and Address of Reporting Person* Floyd David				2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) 1600 WEST MERIT PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 05/24/2022									Office below	er (give title		Other (s below)	specify	
(Street) SOUTH JORDAN			34095		4. If A	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)	(St		Zip)	n-Deriva	tive S	Secu	rities	Δca	uired	Disi	nosed of	or F	Renefi	cially	, Own				
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	ction 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				or	or 5. Amount of			n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or Pr	ice	Transaction(s) (Instr. 3 and 4)				(111501. 4)	
Common	Stock, No	Par Value		05/24/2	2022				A		3,050(1)	A	A	\$ <mark>0</mark>	10),152	D		
Common Stock, No Par Value							1,584			Ι	David & Lisa Floyd Family LP								
		Tal									osed of, o				Owne	d	,	,	
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		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
			Code	v	(A)		Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	er							

Explanation of Responses:

1. The reported transaction involved the reporting person's receipt of a grant of 3,050 restricted stock units (RSUs) under the Merit Medical Systems, Inc. 2018 Long-Term Incentive Plan. The RSUs vest on May 24, 2023. Vesting of the RSUs is subject to continued service to the issuer through the vesting date.

/s/ Brian G. Lloyd, Attorney-

05/26/2022

in-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.