

MERIT MEDICAL SYSTEMS INC  
 Form 4  
 December 17, 2015

**FORM 4**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
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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 OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 LAMPROPOULOS FRED P

2. Issuer Name and Ticker or Trading Symbol  
 MERIT MEDICAL SYSTEMS INC [MMSI]

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
 1600 W MERIT PARKWAY  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 12/15/2015

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 President & CEO

SOUTH JORDAN, UT 84095  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 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 Ownership (Instr. 4)
			Code	V	Amount	(D)	Price
Common Stock, No Par Value					90,859	I	By 401(k) Plan <sup>(1)</sup>
Common Stock, No Par Value					90	I	By spouse as custodian for child.
Common Stock, No Par Value	12/15/2015		M		3,125	A	\$ 9.71
					14,942	I <sup>(2)</sup>	

Common  
Stock, No  
Par Value

Please  
refer to  
footnote  
number  
two (2) <sup>(2)</sup>

Common  
Stock, No  
Par Value

12/15/2015

S

3,125 D

\$  
18,4684

11,817

I <sup>(3)</sup>

Please  
refer to  
footnote  
number  
three (3)  
(3)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

**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 (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)	Amount or Number of Shares
Non-qualified stock options (right to buy)	\$ 9.71	12/15/2015		M	3,125	12/28/2005 12/28/2015	Common Stock	3,125

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LAMPROPOULOS FRED P 1600 W MERIT PARKWAY SOUTH JORDAN, UT 84095	X		President & CEO	

## Signatures

Fred P. Lampropoulos	12/17/2015
<u>  </u> Signature of Reporting Person	Date

## Explanation of Responses:

- \* 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).
- (1) Represents plan holdings as of 12/15/2015.
  - (2) Represents the exercise of stock options held by the spouse of the reporting person. The reporting person expressly disclaims beneficial ownership of the securities owned by his spouse.
  - (3) Represents the sale of shares held by the spouse of the reporting person. The reporting person expressly disclaims beneficial ownership of the securities owned by his spouse.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.