

MERIT MEDICAL SYSTEMS INC  
 Form 4  
 October 07, 2014

**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 \*  
 BARNETT GREG L

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)  
 10/04/2014

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 Chief Accounting Officer

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)		
				(A) or (D)	Code	V	Amount	(D)	Price

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

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SEC 1474  
 (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	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title
Non-qualified stock options (right to buy)	\$ 12.02								12/18/2004	12/18/2014	Common Stock
Non-qualified stock options (right to buy)	\$ 9.71								12/28/2005	12/28/2015	Common Stock
Non-qualified stock options (right to buy)	\$ 11.53								05/21/2009 <sup>(1)</sup>	05/21/2015	Common Stock
Non-qualified stock options (right to buy)	\$ 13.75								08/11/2012 <sup>(2)</sup>	08/11/2018	Common Stock
Non-qualified stock options (right to buy)	\$ 13.14								07/31/2014 <sup>(3)</sup>	07/31/2020	Common Stock
Non-qualified stock options (right to buy)	\$ 12.06	10/04/2014			A		10,000		10/04/2015 <sup>(4)</sup>	10/04/2021	Common Stock

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BARNETT GREG L 1600 W. MERIT PARKWAY SOUTH JORDAN, UT 84095			Chief Accounting Officer	

## Signatures

Gregory L. Barnett  
10/07/2014

\*\*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) Becomes exercisable in equal annual installments of 20% commencing 05/21/09.

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- (2) Becomes exercisable in equal annual installments of 20% commencing 08/11/12.
- (3) Becomes exercisable in equal annual installments of 20% commencing 07/31/14.
- (4) Becomes exercisable in equal annual installments of 20% commencing 10/04/15.

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.