

MERIT MEDICAL SYSTEMS INC  
 Form 4  
 June 23, 2014

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
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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 \*  
 Frost Ronald

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 WEST MERIT PARKWAY  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 06/19/2014

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

SOUTH JORDAN, UT 84095

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

(City) (State) (Zip)

**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)
Common Stock, No Par Value				(A) or (D)	Price		By 401(k) plan <sup>(1)</sup>
Common Stock, No Par Value	06/19/2014		M	5,000	A \$ 9.7	5,000	D
Common Stock, No Par Value	06/19/2014		S	5,000	D \$ 14.25	0	D

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
Non-qualified stock options (right to buy)	\$ 9.7	06/19/2014		M	5,000	06/27/2008 <sup>(2)</sup> 06/27/2014	Common Stock	5
Non-qualified stock options (right to buy)	\$ 11.53					05/21/2009 <sup>(3)</sup> 05/21/2015	Common Stock	11
Non-qualified stock options (right to buy)	\$ 13.75					08/11/2012 <sup>(4)</sup> 08/11/2018	Common Stock	15
Non-qualified stock options (right to buy)	\$ 13.14					07/31/2014 <sup>(5)</sup> 07/31/2020	Common Stock	10

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Frost Ronald 1600 WEST MERIT PARKWAY SOUTH JORDAN, UT 84095			Chief Operating Officer	

## Signatures

Ronald Frost 06/23/2014

\*\*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) Represents plan holdings as of 06/19/2014.
- (2) Become exercisable in equal annual installments of 20% commencing 06/27/2008.
- (3) Become exercisable in equal annual installments of 20% commencing 05/21/2009.
- (4) Become exercisable in equal annual installments of 20% commencing 08/11/2012.
- (5) Become exercisable in equal annual installments of 20% commencing 07/31/2014.

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.