

MERIT MEDICAL SYSTEMS INC  
 Form 4  
 December 02, 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 \*  
 Birkett Bernard

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)  
 11/30/2015

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 Chief Financial 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)
				(A) or (D)	Price		
Common Stock, No Par Value	11/30/2015		M	3,750	A \$ 9.71	4,825	D
Common Stock, No Par Value	11/30/2015		S	3,750	D \$ 19.31	1,075	D

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

**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 control number.**

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 (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 Acquired (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)	8. An or Nu of
Non-qualified stock options (right to buy)	\$ 9.71	11/30/2015		M	3,750	12/28/2005	Common Stock	3
Non-qualified stock options (right to buy)	\$ 13.75					08/11/2012 <sup>(1)</sup>	Common Stock	10
Non-qualified stock options (right to buy)	\$ 12.06					10/04/2015 <sup>(2)</sup>	Common Stock	10
Non-qualified stock options (right to buy)	\$ 17.27					02/13/2016 <sup>(3)</sup>	Common Stock	25

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Birkett Bernard 1600 WEST MERIT PARKWAY SOUTH JORDAN, UT 84095			Chief Financial Officer	

## Signatures

Bernard Birkett 12/02/2015

\*\*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 08/11/12.
- (2) Becomes exercisable in equal annual installments of 20% commencing 10/04/15.
- (3) Becomes exercisable in equal annual installments of 20% commencing 02/13/16.

## Edgar Filing: MERIT MEDICAL SYSTEMS INC - Form 4

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.  
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