

MERIT MEDICAL SYSTEMS INC  
 Form 4  
 February 18, 2015

**FORM 4**

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

OMB APPROVAL

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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)

3. Date of Earliest Transaction (Month/Day/Year)  
 02/13/2015

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

1600 WEST MERIT PARKWAY  
 (Street)

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

SOUTH JORDAN, UT 84095

(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)	15,829	I	By 401(k) plan <sup>(1)</sup>

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)**

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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)
Non-qualified stock options (right to buy)	\$ 11.53					05/21/2009 <sup>(2)</sup> 05/21/2015	Common Stock
Non-qualified stock options (right to buy)	\$ 13.75					08/11/2012 <sup>(3)</sup> 08/11/2018	Common Stock
Non-qualified stock options (right to buy)	\$ 13.14					07/31/2014 <sup>(4)</sup> 07/31/2020	Common Stock
Non-qualified stock options (right to buy)	\$ 12.06					10/04/2015 <sup>(5)</sup> 10/04/2021	Common Stock
Non-qualified stock options (right to buy)	\$ 17.27	02/13/2015		A	20,000	02/13/2016 <sup>(6)</sup> 02/13/2022	Common Stock

## 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

Rashelle Perry,  
Attorney-in-Fact

02/18/2015

\_\_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) Represents plan holdings as of 02/17/2015.
- (2) Become exercisable in equal annual installments of 20% commencing 05/21/2009.
- (3) Become exercisable in equal annual installments of 20% commencing 08/11/2012.

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- (4) Become exercisable in equal annual installments of 20% commencing 07/31/2014.
- (5) Become exercisable in equal annual installments of 20% commencing 10/04/2015.
- (6) Become exercisable in equal annual installments of 20% commencing 02/13/2016.

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.