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

MERIT ME Form 4 June 29, 20	EDICAL SYSTEN 07	AS INC										
FORM	ЛД									OMB A	PPROVA	L
-	UNITED	STATES		RITIES A			GE	COMMISSIO		OMB Number:	3235-	0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction										average urs per	ry 31, 2005 0.5	
1(b). (Print or Type	Responses)											
STILLABOWER MICHAEL E Symbol				IT MEDICAL SYSTEMS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			te of Earliest Transaction th/Day/Year) 7/2007			X_ Director10% Owner Officer (give titleOther (specify below)below)						
SOUTH I	(Street) ORDAN, UT 8409	Filed(Mor			nendment, Date Original Ionth/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
50011130	MDAN, 01040	, ,						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securitie	es Ac	cquired, Disposed	of, c	or Beneficia	lly Owned	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed	(A) or of (D) 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Dwnership m: Direct or Indirect str. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	ıl
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned direc	tly o	r indirectly.				
					inforr	nation c	onta	oond to the colle ained in this form	n ar		SEC 1474 (9-02)	

information contained in this form are not (9-0 required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securiti
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(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	Amor or Numl of Sh
Non-qualified stock options (right to buy)	\$ 12.13	06/27/2007		А		15,000		<u>(1)</u>	06/27/2014	Common Stock	15,0

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
1 0	Director	10% Owner	Officer	Other				
STILLABOWER MICHAEL E 1600 W. MERIT PARKWAY SOUTH JORDAN, UT 84095	Х							
Signatures								
Rashelle Perry, Attorney-in-Fact	06/29/2007							
**Signature of Reporting Person	Ι	Date						

\*\*Signature of Reporting Person

## **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).
- Become exercisable in equal annual installments of 20% commencing 06/27/08 (1)

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.