MERIT MEDICAL SYSTEMS INC

Form 4/A May 19, 2014

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB

Number:

Expires:

5. Relationship of Reporting Person(s) to

Washington, D.C. 20549

3235-0287 January 31,

2005

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

STANGER	KENI W		Symbol MERIT [MMSI]		ICA	AL SYST	EMS	SINC	(Ch	eck all applical	ole)
(Last)	(First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% OwnerX Officer (give title Other (specify			
1600 W MERIT PARKWAY			12/31/2002					below) below) Chief Financial Officer			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	Filed(Month/Day/Year) 01/06/2003					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
SOUTH JO	RDAN, UT 8409	15							Person	Wore than one	reporting
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Benefici	ially Owned
1.Title of 2. Transaction Date 2A. Deemed Execurity (Month/Day/Year) Execution Date any (Month/Day/Year)		Date, if Transaction Code		4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock,No Par Value	12/31/2002			G(2)	V	50,776 (1)	D	<u>(2)</u>	335,132	D	
Common Stock, No Par Value	12/31/2002			G(2)	V	50,776 (1)	A	(2)	45,776 <u>(1)</u>	I	Family Limited Partnership (3)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form

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displays a currently valid OMB control

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. DrNumber of Derivative Securities Acquired (A) or Disposed		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
				of (D) (Instr. 3,						(Instr
				4, and 5)				A		
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
Topolonia o milo i milo pirantesso	Director	10% Owner	Officer	Other				
STANGER KENT W 1600 W MERIT PARKWAY SOUTH JORDAN, UT 84095	X		Chief Financial Officer					

Signatures

Kent W. Stanger 05/19/2014 **Signature of Date 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).
- This Second Amendment is being filed to correct computational errors in the number of shares transferred in the gift transaction originally reported, as well as the number of shares held, directly and indirectly, by the reporting person.
- Gift to Family Limited Partnership.
- This report shall not be deemed an admission that the reporting person is the beneficial owner of the securities held by K.W.S. Properties **(3)**

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.

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