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MERIT MEDICAL SYSTEMS INC Form 4 December 17, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading LAMPROPOULOS FRED P Issuer Symbol MERIT MEDICAL SYSTEMS INC (Check all applicable) [MMSI] (Last) (First) (Middle) 3. Date of Earliest Transaction _X__ Director 10% Owner X_Officer (give title Other (specify (Month/Day/Year) below) below) **1600 W MERIT PARKWAY** 12/15/2015 President & CEO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting SOUTH JORDAN, UT 84095 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of 7. Nature of 6. Security (Month/Day/Year) Execution Date, if Transaction Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial anv Direct (D) Ownership (Month/Day/Year) (Instr. 8) Owned Following or Indirect (Instr. 4) Reported (I) (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Amount (D) Price Common By 401(k) I Stock. No 90,859 Plan (1) Par Value By spouse Common as Stock, No 90 I custodian Par Value for child. Common Stock, No 1,063,497 D Par Value I (2) \$9.71 12/15/2015 Μ 3.125 A 14,942

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Common Stock, No Par Value Common Stock, No Par Value	2/15/2015		\$ 3,125	5 D ^{\$}	\$ 18.4684 ^{11,}	,817 I	ref foo num two Ple ref foo num	ease fer to otnote umber $70 (2) \frac{(2)}{(2)}$ ease fer to otnote umber ree (3)	
Reminder: Report	t on a separate li	ine for each class of s	Pe inf rec dis	ersons wh formation equired to r	ectly or indirect to respond to contained in respond unle currently valid	the collection this form are ess the form	e not (9-	1474 9-02)	
	Tə	able II - Derivative S (e.g., puts, ca	Securities Acquired, calls, warrants, optio						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number ionof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	ite	7. Title and A Underlying S (Instr. 3 and 4	Securiti
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numt of Share
Non-qualified stock options (right to buy)	\$ 9.71	12/15/2015		М	3,125	12/28/2005	5 12/28/2015	Common Stock	3,12
Reportir	ng Own	ers							
			Relationship	ne					
Reporting Own	ner Name / Addı		0% Owner Officer		Other				
LAMPROPOU 1600 W MER) P		dent & CE					

SOUTH JORDAN, UT 84095

Signatures

Fred P. Lampropoulos

**Signature of

Reporting Person

12/17/2015

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 12/15/2015.
- (2) Represents the exercise of stock options held by the spouse of the reporting person. The reporting person expressly disclaims beneficial ownership of the securities owned by his spouse.
- (3) Represents the sale of shares held by the spouse of the reporting person. The reporting person expressly disclaims beneficial ownership of the securities owned by his spouse.

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.