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

MERIT MED Form 4 April 08, 2003	DICAL SYSTEMS	S INC								
<u> </u>								OMB A	PPROVAL	
FORM	<b>4</b> UNITED S	TATES SE			ND EXC D.C. 205		COMMISSION	OMB Number:	3235-0287	
Check this				0 /				Expires:	January 31,	
if no longe subject to Section 16 Form 4 or	<b>51A1E</b> MI 5.	STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES						Estimated average burden hours per response 0.		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a)	) of the Publ	lic Utilit	ty Holdi	ng Com		ge Act of 1934, if 1935 or Sectio 40	'n		
(Print or Type Re	esponses)									
1. Name and Address of Reporting Person <u>*</u> WEINTRAUB B LEIGH			2. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Street)			<ul><li>4. If Amendment, Date Original</li><li>Filed(Month/Day/Year)</li></ul>				COO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State) (Z	Zip)	Table I	- Non-De	rivative S	ecurities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	C	Transaction Code	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock, no par value			C	Code V	Amount	(D) Price	(Instr. 3 and 4) 1,392	D		
Common stock, no par value							1,261 <u>(1)</u>	D		
Common stock, no par value							6,804 <u>(6)</u>	I	by 401(k) plan	

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

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# 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. Transactio Code (Instr. 8)	5. on Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Non-qualified stock options (right to buy)	\$ 7.61					12/08/2002 <u>(2)</u>	12/08/2011	Common Stock	32,55
non-qualified stock options (right to buy)	\$ 2.07					08/17/2004 <u>(3)</u>	02/12/2011	Common Stock	2,22
non-qualified stock options (right to buy)	\$ 9.74					02/06/2004(4)	02/06/2013	Common Stock	35,55
non-qualified stock options (right to buy)	\$ 21.67					12/13/2004 <u>(5)</u>	12/03/2013	Common Stock	14,00
Non-qualified stock option (right to buy)	\$ 13.81					12/10/2004	06/10/2014	Common Stock	6,00
Non-qualified stock options, (right to buy)	\$ 15.03					12/18/2004	12/18/2014	Common Stock	20,00

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WEINTRAUB B LEIGH			C00				
1600 W MERIT PARKWAY							

#### SOUTH JORDAN, UT 84095

### Signatures

B leigh Weintraub

12/18/2004

<u>\*\*</u>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) Emplyee stock purchase as of 12/31/04
- (2) Become exercisable in equal annual installments of 20% commencing 12/08/02
- (3) Become exercisable in equal annual installments of 20% commencing 02/12/02
- (4) Become exercisable in equal annual installments of 20% commencing 02/06/04
- (5) Become exercisable in equal annual installments of 20% commencing 12/13/04
- (6) Represents plan holdings as of 12/28/04 based upon most recent plan statement timely distributed.

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.