PERRY RASHELLE

Form 4

August 15, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

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Check this box

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).

Par Value Common

Stock, No

Par Value

(Print or Type Responses)

1. Name and Address of Reporting Person * PERRY RASHELLE			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) 1600 W. MERIT PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 08/11/2011			Director X Officer (g below)		0% Owner ther (specify	
	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
SOUTH JO	RDAN, UT 8409	5					Person	y More than One	Reporting
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securities A	cquired, Disposed	l of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)		n Date, if	3. Transactic Code (Instr. 8)	4. Securi on Acquired Disposed (Instr. 3,	l (A) or l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Stock, No Par Value							9,435	D	
Common Stock, No							643 <u>(1)</u>	D	

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

By

401(k)plan

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(9-02)

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. Transacti Code (Instr. 8)	TransactionDerivative Expiration Code Securities (Month/Day		6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and Am Underlying Sec (Instr. 3 and 4)
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title o
Non-qualified stock options (right to buy)	\$ 17.34						12/13/2004(2)	12/13/2013	Common Stock
Non-qualified stock options (right to buy)	\$ 11.05						06/10/2004	06/10/2014	Common Stock
Non-qualified stock options (right to buy)	\$ 12.02						12/18/2004	12/18/2014	Common Stock
Non-qualified stock options (right to buy)	\$ 9.71						12/28/2005	12/28/2015	Common Stock
Non-qualified stock options (right to buy)	\$ 9.7						06/27/2008(3)	06/27/2014	Common Stock
Non-qualified stock options (right to buy)	\$ 11.53						05/21/2009(4)	05/21/2015	Common Stock 2
Non-qualified stock options (right to buy)	\$ 13.75	08/11/2011		A	40,000)	08/11/2012 <u>(6)</u>	08/11/2018	Common Stock

Reporting Owners

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			
			Chief Legal Officer				

Reporting Owners

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PERRY RASHELLE 1600 W. MERIT PARKWAY SOUTH JORDAN, UT 84095

Signatures

Gregory L. Barnett, Attorney-in-Fact

08/15/2011

**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) Acquired under the Employee Stock Purchase Plan.
- (2) Become exercisable in equal annual installments of 20% commencing 12/13/04.
- (3) Become exercisable in equal annual installments of 20% commencing 06/27/08.
- (4) Become exercisable in equal annual installments of 20% commencing 05/21/09.
- (5) Represents plan holdings as of 08/11/11.
- (6) Become exercisable in equal annual installments of 20% commencing 08/11/12.

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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