

STANGER KENT W
Form 4
November 21, 2011

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
STANGER KENT W

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

(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
11/17/2011

Director 10% Owner
 Officer (give title below) Other (specify below)
Chief Financial Officer

SOUTH JORDAN, UT 84095

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, No Par Value				(A) Amount Price	73,661	I	By 401(k) plan ⁽¹⁾
Common Stock, No Par Value				(A) Amount Price	185,051	I	Family Limited Partnership
Common Stock, No Par Value				(A) Amount Price	4,270 ⁽²⁾	D	
Common Stock, No	11/17/2011		M ⁽⁴⁾	20,000 A \$ 6.09	583,594	D	

Par Value

Common
 Stock, No 11/17/2011 F⁽⁴⁾ 12,461 D \$ 571,133 D
 Par Value 13.53

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Underlying Security (Instr. 3 and 4)
Non-qualified stock options (right to buy)	\$ 6.09	11/17/2011		M	20,000	12/08/2002 ⁽³⁾ 12/08/2011	Common Stock

Reporting Owners

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

Signatures

Kent W. Stanger 11/21/2011

**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) Represents plan holdings as of 11/17/11.
- (2) Employee stock purchase plan holdings as of 11/17/11.

Edgar Filing: STANGER KENT W - Form 4

- (3) Becomes exercisable in equal annual installments of 20% commencing 12/8/2002.
- (4) Stock options were exercised in a swap transaction with the Company. 12,461 shares of common stock were surrendered for payroll taxes and payment of the option price. No shares were sold in the open market.

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.