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

#### MERIT MEDICAL SYSTEMS INC

SOUTH JORDAN, UT 84095

Form 4

February 20, 2008

<b>FORM</b>	1 4				OMB A	PPROVAL	
_	UNII	TED STATE	S SECURITIES AND EXCHANGE ( Washington, D.C. 20549	COMMISSION	OMB Number:	3235-028	
Check thi	ger STA	TEMENT O	OF CHANGES IN BENEFICIAL OW	NERSHIP OF	Expires:	January 31 200	
Section 10 Form 4 or	6. r		SECURITIES  Section 16(a) of the Securities Exchange	Estimated a burden hou response	ırs per		
Form 5 obligation may continued to the see Instruction 1(b).	1						
(Print or Type R	Responses)						
1. Name and Address of Reporting Person * Stephens Martin R			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Issuer	tionship of Reporting Person(s) to		
			MERIT MEDICAL SYSTEMS INC [MMSI]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	DirectorX Officer (give below)		Owner or (specify	
1600 W. ME	ERIT PARK	WAY	02/19/2008	· · · · · · · · · · · · · · · · · · ·	ve V.P. of Sal	es	
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by O	ne Reporting Po	erson	

						1 013	5011		
(City)	(State)	(Zip) Tal	ole I - Non-	-Derivative Secu	ırities	Acquire	d, Disposed of, o	r Beneficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities AcorDisposed of (D) (Instr. 3, 4 and	)	Price	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	02/19/2008		S	1,908.8788	D	\$ 16.57	0	D	
Common Stock, No Par Value							7,400	D	
Common Stock, No Par Value							5,425	I	By 401(k) Plan (1)

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

\_ Form filed by More than One Reporting

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and Amount of Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Non-qualified stock options (right to buy)	\$ 15.03					12/18/2004	12/18/2014	Common Stock	20,00
Non-qualified stock options (right to buy)	\$ 14.48					07/14/2005(2)	07/14/2014	Common Stock	5,000
Non-qualified stock options (right to buy)	\$ 12.14					12/28/2005	12/28/2015	Common Stock	20,00
Non-qualified stock options (right to buy)	\$ 12.13					06/27/2008(3)	06/27/2014	Common Stock	15,00

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Stephens Martin R

1600 W. MERIT PARKWAY Executive V.P. of Sales SOUTH JORDAN, UT 84095

**Signatures** 

Martin R. 02/20/2008 Stephens

\*\*Signature of Date
Reporting Person

Reporting Owners 2

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## **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 February 19, 2008.
- (2) The option vests in equal annual installments of 1,000 shares commencing on July 14, 2005 and continuing through July 14, 2009.
- (3) Becomes exercisable in equal annual installments of 20% commencing 06/27/2008.

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.