

MERIT MEDICAL SYSTEMS INC
 Form 3
 January 09, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Frost Ronald		(Month/Day/Year)	MERIT MEDICAL SYSTEMS INC [MMSI]	
(Last)	(First)	(Middle)	01/01/2014	
1600 WEST MERIT PARKWAY			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SOUTH JORDAN,Â UTÂ 84095			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Chief Operating Officer	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, No Par Value	15,635	I	By 401(k) plan ⁽¹⁾

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

SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

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		Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Non-qualified stock options (right to buy)	06/10/2004	06/10/2014	Common Stock	2,325	\$ 11.05	D	Â
Non-qualified stock options (right to buy)	06/27/2008 ⁽²⁾	06/27/2014	Common Stock	5,000	\$ 9.7	D	Â
Non-qualified stock options (right to buy)	05/21/2009 ⁽³⁾	05/21/2015	Common Stock	11,250	\$ 11.53	D	Â
Non-qualified stock options (right to buy)	08/11/2012 ⁽⁴⁾	08/11/2018	Common Stock	15,000	\$ 13.75	D	Â
Non-qualified stock options (right to buy)	07/31/2014 ⁽⁵⁾	07/31/2020	Common Stock	10,000	\$ 13.14	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Frost Ronald 1600 WEST MERIT PARKWAY SOUTH JORDAN, UT 84095	Â	Â	Â Chief Operating Officer	Â

Signatures

Ronald Frost 01/09/2014

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 01/03/2014.
- (2) Become exercisable in equal annual installments of 20% commencing 06/27/2008.
- (3) Become exercisable in equal annual installments of 20% commencing 05/21/2009.
- (4) Become exercisable in equal annual installments of 20% commencing 08/11/2012.
- (5) Become exercisable in equal annual installments of 20% commencing 07/31/2014.

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.