

WEINTRAUB B LEIGH
Form 4
December 28, 2004

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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 *
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)

(Last) (First) (Middle)
1600 W MERIT PARKWAY

(Street)

3. Date of Earliest Transaction
(Month/Day/Year)
12/28/2004

____ Director
 Officer (give title below)
____ 10% Owner
____ Other (specify below)
COO

SOUTH JORDAN, UT 84095

(City) (State) (Zip)

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

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 Ownership (Instr. 4)
				(A) or (D) Code V Amount (D) Price			
Common stock, no par value					1,392	D	
Common stock, no par value					1,215 ⁽¹⁾	D	
Common stock, no par value					6,804 ⁽⁶⁾	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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(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 Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Non-qualified stock options (right to buy)	\$ 7.61					12/08/2002 ⁽²⁾ 12/08/2011	Common Stock	32,55
non-qualified stock options (right to buy)	\$ 2.07					08/17/2004 ⁽³⁾ 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 ⁽⁵⁾ 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

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WEINTRAUB B LEIGH 1600 W MERIT PARKWAY SOUTH JORDAN, UT 84095			COO	

Signatures

B leigh
Weintraub

06/16/2004

 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) Employee stock purchase as of 12/28/04
- (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.