

MERIT MEDICAL SYSTEMS INC  
 Form 4  
 June 21, 2006

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2005  
 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 \*  
 STILLABOWER MICHAEL E

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)  
 06/21/2006

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

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)
Comon Stock, No Par Value				(A) or (D)	22,222	D	

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)**

Edgar Filing: MERIT MEDICAL SYSTEMS INC - Form 4

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 Security (Instr. 3 and 4)
Non-qualified stock options (right to buy)	\$ 2.85					05/23/2001 05/23/2011	Common Stock
Non-qualified stock options (right to buy)	\$ 9.56					05/23/2002 05/23/2012	Common Stock
Non-qualified stock options (right to buy)	\$ 10.47					05/22/2003 05/22/2013	Common Stock
Non-qualified stock options (right to buy)	\$ 21.67					12/13/2003 12/13/2013	Common Stock
Non-qualified stock options (right to buy)	\$ 13.81					06/10/2004 06/10/2014	Common Stock
Non-qualified stock options (right to buy)	\$ 14.26					05/25/2005 05/25/2015	Common Stock
Non-qualified stock options (right to buy)	\$ 11.52	05/25/2006		A	15,000	05/25/2006 <sup>(1)</sup> 05/25/2013	Common Stock

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
STILLABOWER MICHAEL E 1600 W. MERIT PARKWAY SOUTH JORDAN, UT 84095	X			

## Signatures

Greg Barnett 06/20/2006

\*\*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) Becomes exercisable in equal installments of 33.33% commencing 05/25/07

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.