

STANGER KENT W
Form 5
February 13, 2012

FORM 5

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

OMB APPROVAL

OMB Number: 3235-0362
Expires: January 31, 2005
Estimated average burden hours per response... 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL 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

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

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
12/31/2011

1600 W MERIT PARKWAY
(Street)

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

6. Individual or Joint/Group Reporting
(check applicable line)

SOUTH JORDAN, UT 84095

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)	(A) or (D)	Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (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	Â	Â	Â	Â	Â	Â	73,709	I	By 401(k) plan ⁽¹⁾
Common Stock, No Par Value	Â	Â	Â	Â	Â	Â	185,051	I	Family Limited Partnership
Common Stock, No Par Value	Â	Â	Â	Â	Â	Â	4,270 ⁽²⁾	D	Â

(right to buy)

Non-qualified stock options (right to buy)	\$ 11.41	Â	Â	Â	Â	Â	05/25/2005	05/25/2015	Common Stock	18
Non-qualified stock options (right to buy)	\$ 9.71	Â	Â	Â	Â	Â	12/28/2005	12/28/2015	Common Stock	25
Non-qualified stock options (right to buy)	\$ 9.22	Â	Â	Â	Â	Â	05/25/2007 ⁽⁴⁾	05/25/2013	Common Stock	18
Non-qualified stock options (right to buy)	\$ 9.7	Â	Â	Â	Â	Â	06/27/2008 ⁽⁵⁾	06/27/2014	Common Stock	25
Non-qualified stock options (right to buy)	\$ 9.7	Â	Â	Â	Â	Â	06/27/2008 ⁽⁵⁾	06/27/2014	Common Stock	18
Non-qualified stock options (right to buy)	\$ 11.53	Â	Â	Â	Â	Â	05/21/2009 ⁽⁶⁾	05/21/2015	Common Stock	43
Non-qualified stock options (right to buy)	\$ 13.82	Â	Â	Â	Â	Â	09/26/2010 ⁽⁷⁾	09/26/2016	Common Stock	25
Non-qualified stock options (right to buy)	\$ 13.75	Â	Â	Â	Â	Â	08/11/2012 ⁽⁸⁾	08/11/2018	Common Stock	80

Reporting Owners

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

Signatures

Kent W. Stanger 02/13/2012

**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 12/31/11.

Edgar Filing: STANGER KENT W - Form 5

- (2) Employee stock purchase plan as of 12/31/11.
- (3) Becomes exercisable in equal annual installments of 20% commencing 02/06/2004.
- (4) Becomes exercisable in equal annual installments of 33.33% commencing 05/25/2007.
- (5) Becomes exercisable in equal annual installments of 20% commencing 06/27/2008.
- (6) Becomes exercisable in equal annual installments of 20% commencing 05/21/2009.
- (7) Becomes exercisable in equal annual installments of 20% commencing 09/26/2010.
- (8) Becomes exercisable in equal annual installments of 20% commencing 08/11/2012.
- (9) Reflects two gifts to two unaffiliated parties.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.