

STANGER KENT W
Form 5
January 30, 2013

FORM 5

**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).
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)
12/31/2012

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 | 76,303 | 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 | 4,271 ⁽²⁾ | D | Â |

| | | | | | | | | | | | |
|--|----------|---|---|---|---|---|---------------------------|------------|--------------|----|--|
| (right to buy) | | | | | | | | | | | |
| Non-qualified stock options (right to buy) | \$ 9.7 | Â | Â | Â | Â | Â | 06/27/2008 ⁽³⁾ | 06/27/2014 | Common Stock | 18 | |
| Non-qualified stock options (right to buy) | \$ 11.53 | Â | Â | Â | Â | Â | 05/21/2009 ⁽⁴⁾ | 05/21/2015 | Common Stock | 43 | |
| Non-qualified stock options (right to buy) | \$ 13.82 | Â | Â | Â | Â | Â | 09/26/2010 ⁽⁵⁾ | 09/26/2016 | Common Stock | 25 | |
| Non-qualified stock options (right to buy) | \$ 13.75 | Â | Â | Â | Â | Â | 08/11/2012 ⁽⁶⁾ | 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 01/30/2013

**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 12/31/12.
- (2) Employee stock purchase plan as of 12/31/12.
- (3) Becomes exercisable in equal annual installments of 20% commencing 06/27/2008.
- (4) Becomes exercisable in equal annual installments of 20% commencing 05/21/2009.
- (5) Becomes exercisable in equal annual installments of 20% commencing 09/26/2010.
- (6) Becomes exercisable in equal annual installments of 20% commencing 08/11/2012.
- (7) 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.