

MERIT MEDICAL SYSTEMS INC
 Form 5
 February 14, 2008

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 *
BARNETT GREG L

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)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)
 12/31/2007

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

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)	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 Ownership (Instr. 4)
Common Stock, No Par Value	08/22/2007		J ⁽⁷⁾	11 D	\$ 12.26	4,911 I	By 401(k) plan ⁽¹⁾

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 2270 (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 5

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)	Amount or Number of Shares
					(A) (D)	Date Exercisable	Expiration Date	Title	
Non-qualified stock options (right to buy)	\$ 2.07	Â	Â	Â	Â Â	02/12/2002 ⁽²⁾	02/12/2011	Common Stock	11
Non-qualified stock options (right to buy)	\$ 7.61	Â	Â	Â	Â Â	12/08/2002 ⁽³⁾	12/08/2011	Common Stock	17
Non-qualified stock options (right to buy)	\$ 9.74	Â	Â	Â	Â Â	02/06/2004 ⁽⁴⁾	02/06/2013	Common Stock	17
Non-qualified stock options (right to buy)	\$ 21.67	Â	Â	Â	Â Â	12/13/2004 ⁽⁵⁾	12/13/2013	Common Stock	7
Non-qualified stock options (right to buy)	\$ 13.81	Â	Â	Â	Â Â	06/10/2004	06/10/2014	Common Stock	3
Non-qualified stock options (right to buy)	\$ 15.03	Â	Â	Â	Â Â	12/18/2004	12/18/2014	Common Stock	10
Non-qualified stock options (right to buy)	\$ 12.14	Â	Â	Â	Â Â	12/28/2005	12/28/2015	Common Stock	10
Non-qualified stock options (right to buy)	\$ 12.13	Â	Â	Â	Â Â	06/27/2008 ⁽⁶⁾	06/27/2014	Common Stock	10

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BARNETT GREG L 1600 W. MERIT PARKWAY SOUTH JORDAN, UT 84095	Â	Â	Â Chief Accounting Officer	Â

Signatures

Gregory L.
Barnett

02/14/2008

__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 12/31/07.
- (2) Becomes exercisable in equal installments of 20% commencing 02/12/02.
- (3) Becomes exercisable in equal installments of 20% commencing 12/08/02.
- (4) Becomes exercisable in equal installments of 20% commencing 02/06/04.
- (5) Becomes exercisable in equal installments of 20% commencing 12/13/04.
- (6) Becomes exercisable in equal installments of 20% commencing 06/27/08.
- (7) Administrative adjustment made by plan administrator.

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.