

Nelson Arlin D
 Form 3/A
 July 13, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 * Nelson Arlin D (Last) (First) (Middle) 1600 W. MERIT PARKWAY (Street) SOUTH JORDAN, UT 84095 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/04/2006	3. Issuer Name and Ticker or Trading Symbol MERIT MEDICAL SYSTEMS INC [MMSI]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) COO	5. If Amendment, Date Original Filed(Month/Day/Year) 12/12/2006	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, No Par Value	903 ⁽¹⁾	I	by 401(k) plan
Common Stock, No Par Value	240 ⁽⁵⁾	D	^

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Non-qualified Stock Options (right to buy)	12/28/2005	12/28/2015	Common Stock	10,000	\$ 12.14	D	Â
Non-qualified Stock Options (right to buy)	12/18/2004	12/18/2014	Common Stock	10,000	\$ 15.03	D	Â
Non-qualified Stock Options (right to buy)	06/10/2004	06/10/2014	Common Stock	1,500	\$ 13.81	D	Â
Non-qualified Stock Options (right to buy)	12/13/2003	12/13/2013	Common Stock	3,500	\$ 21.67	D	Â
Non-qualified Stock Options (right to buy)	02/06/2003 ⁽⁴⁾	02/06/2013	Common Stock	8,889	\$ 9.74	D	Â
Non-qualified Stock Options (right to buy)	12/08/2001 ⁽³⁾	12/08/2011	Common Stock	8,890	\$ 7.61	D	Â
Non-qualified Stock Options (right to buy)	02/12/2001 ⁽²⁾	02/12/2011	Common Stock	8,335	\$ 2.07	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Nelson Arlin D 1600 W. MERIT PARKWAY SOUTH JORDAN, UT 84095	Â	Â	Â COO	Â

Signatures

Arlin D. Nelson 07/13/2011

__Signature of
Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 December 6, 2006
- (2) Become exercisable in equal annual installments of 20% commencing 2/12/2002
- (3) Become exercisable in equal annual installments of 20% commencing 12/8/2002
- (4) Become exercisable in equal annual installments of 20% commencing 2/6/2004
- (5) Reflects shares owned by the reporting person and his spouse which were inadvertently omitted from the reporting person's Form 3, and were also omitted from Forms 4 filed by the reporting person subsequent to his original Form 3 filing.

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.