MERIT MEDICAL SYSTEMS INC

1. Name and Address of Reporting Person *

Form 5/A

February 14, 2008

(City)

FORM 5

OMB APPROVAL

5. Relationship of Reporting Person(s) to

JI LIVI J	UNITED STATES SECURITIES AND EXCHANGE COMMISSION	OMB Number:	3235	-0362
Check this box if	Washington, D.C. 20549	Expires:	Janua	ry 31,
no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES	Estimated a burden hour response	_	1.0
See Instruction 1(b). Form 3 Holdings Seported Form 4 Transactions Reported	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			

STANGER I	KENT W		Symbol MERIT MEDICAL SYSTEMS INC [MMSI]	Issuer (Check all applicable)
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006	X Director 10% Owner Selection Other (specify below)
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year) 06/21/2006	6. Individual or Joint/Group Reporting (check applicable line)
SOUTH JOR	RDAN, U	ΓÂ 84095		_X_ Form Filed by One Reporting Person

2. Issuer Name and Ticker or Trading

Form	Filed by More than One Reporting
Person	

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. Securit Acquired Disposed (Instr. 3,	(A) o of (D 4 and (A))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount	or (D)	Price	(Instr. 3 and 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(State)

(Zip)

Persons who respond to the collection of information **SEC 2270** contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Derivative	Expiration Date	Underlying
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

(9-02)

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Derivative or Disposed of
Security (D)
(Instr. 3, 4,
and 5)

(A) (D) Date Exercisable Expiration Title
Date

Non-qualified stock options

stock options (right to buy) $\$11.52 \quad 05/25/2006 \quad \hat{A}$ A4 $15,000 \quad \hat{A} \quad 05/25/2007\underline{^{(2)}} \quad 05/25/2013 \quad \begin{array}{c} \text{Common Stock} \\ \text{Stock} \end{array}$

(1)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

STANGER KENT W

1600 W MERIT PARKWAY X Chief Financial Officer SOUTH JORDAN, UTÂ 84095

Signatures

Kent W. Stanger 02/14/2008

**Signature of Pate 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) The original Form 5 is amended to (i) correct the exercise date of the option, (ii) report the acquisition and not the disposition of options, and (iii) delete the price of the derivative security. Note that the original Form 5 was not signed on 2/14/2006 but was signed on 6/21/06.
- (2) Initially reported in error as 5/25/06. These options become exercisable in equal annual installments of 33.33% beginning 5/25/07.

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.

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