

Nelson Arlin D  
 Form 3  
 December 12, 2006

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

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

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

**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 <sup>(1)</sup>	I	by 401(k) plan

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 Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(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 <sup>(4)</sup>	02/06/2013	Common Stock	8,889	\$ 9.74	D	Â
Non-qualified Stock Options (right to buy)	12/08/2001 <sup>(3)</sup>	12/08/2011	Common Stock	8,890	\$ 7.61	D	Â
Non-qualified Stock Options (right to buy)	02/12/2001 <sup>(2)</sup>	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                      12/12/2006  
 \*\*Signature of                      Date  
 Reporting Person

## 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

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.