

Nelson Arlin D
Form 3/A
July 13, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

OMB
Number: 3235-0104
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2005
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burden hours per
response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting
Person *

Â Nelson Arlin D
(Last) (First) (Middle)

1600 W. MERIT PARKWAY
(Street)

SOUTH JORDAN, Â UT Â 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)

___ Director ___ 10% Owner
X Officer ___ 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)
X Form filed by One Reporting
Person
___ Form filed by More than One
Reporting Person

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 Â

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 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
- (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.