### Edgar Filing: HUEBNER ELIZABETH - Form 3

#### **HUEBNER ELIZABETH**

Form 3

January 10, 2019

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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 \*

 **HUEBNER ELIZABETH** 

(Last)

(First)

Statement

(Month/Day/Year)

01/01/2019

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

MERIT MEDICAL SYSTEMS INC [MMSI]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O MERIT MEDICAL SYSTEMS, INC., 1600 WEST MERIT PARKWAY

(Street)

(Check all applicable) 10% Owner \_X\_ Director

Officer Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One

Reporting Person

SOUTH JORDAN. UTÂ 84095

(City) (State)

1. Title of Security (Instr. 4)

(Zip)

(Middle)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

Date

Exercisable

owned directly or indirectly.

SEC 1473 (7-02)

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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** 

5. 4 Conversion Ownership or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4) **Expiration Title** 

Date

Amount or Number of

Derivative Price of Derivative Security: Security Direct (D)

1

Shares

or Indirect (I)

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HUEBNER ELIZABETH C/O MERIT MEDICAL SYSTEMS, INC. 1600 WEST MERIT PARKWAY SOUTH JORDAN, UTÂ 84095

 $\hat{A}$  X  $\hat{A}$   $\hat{A}$   $\hat{A}$ 

## **Signatures**

Brian G. Lloyd, Attorney-in-Fact

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

No securities are beneficially owned

- \* 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).

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.

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