United States Securities and Exchange Commission Washington, D.C. 20549

Statement of Changes in Beneficial Ownership

| FORM 4 | | OMB APPROVAL |
|--|--|---|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) | 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(f) of the Investment Company Act of 1940 | OMB Number: 3235-0287 Expires: September 30, 1998 Estimated Average Burden Hours Per Response0.5 |

2. Issuer Name AND Ticker or Trading Symbol 6. Relationship of Reporting Person(s) to

| Pettirossi Joseph P. | Merrill Corporati | on (MRLL) | Issuer (Check all applicable) ☐ Director ☐ 10% Owner | | |
|---|---|-------------------------------------|--|--|--|
| (Last) (First) (Middle) 4110 Clearwater Road | 3. IRS or Social Security | 4. Statement for | ➢ Officer (give □ Other (specify below) title below) President, Managed | | |
| (Street) St. Cloud MN 56301 | Number of Reporting Person (Voluntary) Month/Year 11/1999 5. If Amendmediate | | Communications Programs 7. Individual or Joint/Group Filing (Check | | |
| (City) (State) (Zip) | | Date of Original (Month/Year) | Applicable Line) ☑ Form filed by One Reporting Person ☑ Form filed by More than One Reporting Person | | |

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

| 1. Title of Security | 2. Transaction Date (Month/ | 3. Transaction Code (Instr. 8) | or D | ities Acquir isposed of (tr. 3, 4 and | D) | Amount of Securities Beneficially Owned at End of Month | 1 | 7. Nature of Indirect Beneficial Ownership |
|----------------------|--------------------------------|-----------------------------------|--------|--|---------|---|------------|---|
| (Instr. 3) | Day/Year) | Code V | Amount | (A) or (D) | Price | (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common Stock | 11-23-99 | D | 14,200 | D | \$22.00 | 0 | D | |
| | | | | | | | | |

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

* If the form is filed by more than one reporting person, SEE Instruction 4(b)(v).

1. Name and Address of Reporting Person*

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., Puts, Calls, Warrants, Options, Convertible Securities)

| | 2. Conversion or Exercise Price of | 3. Transaction | 4. Trans Coc | le | Securities Ac Dispose | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) | | 6. Date Exercisable and Expiration Date (Month/ Day/Year) | |
|------------------------|--|----------------|-----------------|------|--------------------------|--|-------------|---|--|
| 1. Title of Derivative | Derivative | Date (Month/ | (Instr | . 8) | (Instr. 3, | 4, and 5) | Date | Expiration | |
| Security (Instr. 3) | Security | Day/Year) | Code | V | (A) | (D) | Exercisable | Date | |
| Employee Stock Option | | | | | | | | | |
| (Right to Buy) | \$10.00 | 11-23-99 | D | | | 14,000 | | 9-11-2003 | |
| Employee Stock Option | | | | | | | | | |
| (Right to Buy) | \$11.6875 | 11-23-99 | D | | | 9,600 | | 4-23-2002 | |
| Employee Stock Option | | | | | | | | | |
| (Right to Buy) | \$21.375 | 11-23-99 | D | | | 18,000 | | 5-28-2003 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

7. Title and Amount of Underlying Securities

| (Instr. 3 and 4) | | 8. Price of | 9. Number of Derivative | 10. Ownership Form of | |
|------------------|-----------|-------------|-------------------------|------------------------|------------------------|
| | Amount or | Derivative | Securities Beneficially | Derivative Security: | 11. Nature of Indirect |
| | Number of | Security | Owned at End of Month | Direct (D) or Indirect | Beneficial Ownership |
| Title | Shares | (Instr. 5) | (Instr. 4) | (I) (Instr. 4) | (Instr. 4) |
| Common Stock | 14,000 | \$12.00 | 0 | D | |
| Common Stock | 9,600 | \$10.3125 | 0 | D | |
| Common Stock | 18,000 | \$ 0.625 | 0 | D | |
| | | | | | |
| | | | | | |
| | | | | | |

Explanation of Responses:

| /s/ Joseph P. Pettirossi | 12-10-99 | |
|---------------------------------|----------|--|
| **Signature of Reporting Person | Date | |

** 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.