OMB Approval _____ OMB Number: 3235-0145 Expires: December 31, 2005 Estimated average burden Hours per response.....11 UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 SCHEDULE 13G UNDER THE SECURITIES EXCHANGE ACT OF 1934 (INITIAL FILING)* ICU Medical, Inc. _____ _____ (Name of Issuer) Common Stock, Par Value 0.1 _____ (Title of Class of Securities) 44930G107 _____ (CUSIP Number) December 31, 2004

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

[x] Rule 13d-1(b) [] Rule 13d-1(c) [] Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

CUSIP NO. 44930G107

SCHEDULE 13G

1. NAMES OF REPORTING PERSONS: Snow Capital Management, L.P.

I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY): 25-1894430

- 3. SEC USE ONLY
- 4. CITIZENSHIP OR PLACE OF ORGANIZATION: Pennsylvania

NUMBER OF SHARES BE	NE- OWNED PERSON	5. SOLE VOTING POWER: 1,162,900
FICIALLY BY EACH P REPORTING		6. SHARED VOTING POWER: none
		<pre>7. SOLE DISPOSITIVE POWER: 1,162,900</pre>
		8. SHARED DISPOSITIVE POWER: none
9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON: 1,162,900		
10. CHECK IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (SEE INSTRUCTIONS): []		
11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9): 8.6%		
12. TYPE OF REPORTING PERSON (SEE INSTRUCTIONS): IA		
CUSIP NO.	CUSIP NO. 44930G107 SCHEDULE 13G	
ITEM 1		
(A)	NAME OF ISSUER:	
	ICU Medical, Inc.	
(B)) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:	
	951 Calle Amanecer San Clemente, CA 92673	
ITEM 2		
(A)	NAME OF PERSON	FILING:
	Snow Capital Ma	nagement, L.P.
(B)	ADDRESS OF PRIN	CIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE:
	2100 Corporate Pittsburgh, PA	Drive, Suite 300 15237
(C)	CITIZENSHIP:	
	Pennsylvania	
(D)	TITLE OF CLASS OF SECURITIES:	
	Common Stock, Par Value 0.1	
(E)	CUSIP NUMBER:	
	44930G107	
ITEM 3	IF THIS STATEMENT IS FILED PURSUANT TO RULES $13D-1(B)$ OR $13D-2(B)$, CHECK WHETHER THE PERSON FILING IS A:	
		estment adviser in accordance with n 240.13d-1(b)(1)(ii)(E).

- ITEM 4 OWNERSHIP: PROVIDE THE FOLLOWING INFORMATION REGARDING THE AGGREGATE NUMBER AND PERCENTAGE OF THE CLASS OF SECURITIES OF THE ISSUER IDENTIFIED IN ITEM 1:
- (A) AMOUNT BENEFICIALLY OWNED: 1,162,900
- (B) PERCENT OF CLASS: 8.6%
- (C) NUMBER OF SHARES AS TO WHICH THE PERSON HAS:
 - (I) SOLE POWER TO VOTE OR TO DIRECT THE VOTE: 1,162,900
 - (II) SHARED POWER TO VOTE OR TO DIRECT THE VOTE:
 - (III) SOLE POWER TO DISPOSE OR TO DIRECT THE DISPOSITION OF: 1,162,900
 - (IV) SHARED POWER TO DISPOSE OR TO DIRECT THE DISPOSITION OF: 0
- ITEM 5 OWNERSHIP OF FIVE PERCENT OR LESS OF CLASS:

Not Applicable

ITEM 6 OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:

Not Applicable

ITEM 7 IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY PARENT HOLDING COMPANY:

Not Applicable

ITEM 8 IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not Applicable

ITEM 9 NOTICE OF DISSOLUTION OF GROUP:

Not Applicable

CUSIP NO. 44930G107

SCHEDULE 13G

ITEM 10 CERTIFICATION:

- (A) By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer or the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.
- (B) Not Applicable.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

(Date) /s/ Richard A. Snow (Signature) Richard A. Snow, President of

Snow Capital Management, Inc., General Partner of Snow Capital Management, L.P. (Name/Title)