FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C.	20549	
rvasiniigton,	D.C.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	OMB APPROVAL									
OMB Number:	3235-0287									
Estimated average burden										
houre per rechence:	0.5									

					or S	ectio	n 30(h	n) of th	è Ínv	vestment (Com	pany Act	of 194	40							
Name and Address of Reporting Person* Hernandez Laurie						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								(Ch	Relationsheck all ap	plicabl	*		son(s) to Is		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023									Officer (give title below)			Other (specify below)		specify	
951 CALLE AMANECER					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) SAN CLEME	NTE C.	A	92673														m filed	-		orting Person	
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										led to						
		Tabl	e I - No	n-Deriv	ative	Sec	uriti	es A	cqu	ıired, D	isp	osed c	of, or	Ben	eficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution ay/Year) if any		Deemed cution Date, ny onth/Day/Year)				Dispose	rities Acquired (A ed Of (D) (Instr. 3,			d Secu Bene Owne	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	V Amo		t (A) or Price		Price	Reported Transaction(s) (Instr. 3 and 4)					(Instr. 4)
Common Stock ⁽¹⁾ 05/17						/2023			М		485	485 A		\$0.0)	937			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exerci Diration Da Donth/Day/Yo	Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Amount	8. Price of Derivative Security (Instr. 5)	ve der Sed Ber Ow Fol Rep Tra	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Codo	\ ,	(0)	(D)	Date	e	Ex	piration	Title		or Number of						

05/17/2023⁽³⁾

05/17/2024⁽³⁾

485

948

Explanation of Responses:

Common Stock⁽¹⁾

Stock⁽¹⁾

1. These securities are Restricted Stock Units.

\$0.0⁽²⁾

\$0.0⁽²⁾

2. There is neither a purchase price nor an exercise price for the Restricted Stock Units.

05/17/2023

05/17/2023

3. These awards vest on the anniversary of the date of the grant or the following annual stockholder meeting, whichever occurs first.

By: Paula Darbyshire,

05/18/2023 Attorney-in-fact For: Laurie

Hernandez

Common

Common

Stock

05/17/2023

05/17/2024

485

948

\$0.0

\$0.0

0

948

D

D

** Signature of Reporting Person Date

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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.