FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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hours per response:	0.5									

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* KENNEDY KOLLEEN T						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)			(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023										X Direct Office below	r (give title		10% Ov Other (s below)		
951 CALLE AMANECER						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												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
							Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						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.															
		Tabl	e I - No	n-Deriv	ative	Sec	curiti	es A	cq	uired, [Dis	osed c	of, or	Ben	eficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Code (Instr.		4. Securi Disposed 5)	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic Owned	es Form ally (D) o Following (I) (Ir		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		A) or O)	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)	
Common Stock ⁽¹⁾ 05/17/2					/2023					М		485		A	\$0.00	.00 ⁽²⁾ 614			D		
		Т	able II -									sed of onverti				/ Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) 6 Date (Month/Day/Year) 7 Date (Month/Day/Year) 6 Derivative Security						ransaction Number ode (Instr. of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)		ate kercisable		xpiration ate	Title		Amount or Number of Shares						
Common Stock ⁽¹⁾	\$0.00	05/17/2023			M			485	05	5/17/2023 ⁽³	0	5/17/2023	Comm		485	\$0.00 ⁽²⁾	0		D		
Common Stock ⁽¹⁾	\$0.00 ⁽²⁾	05/17/2023			A		948		05	/17/2024 ⁽³	0	5/17/2024	Comm		948	\$0.00	948		D		

Explanation of Responses:

- 1. These securities are Restricted Stock Units.
- 2. There is neither a purchase price nor an exercise price for the Restricted Stock Units.
- 3. These Restricted Stock Units vest on the anniversary of the date of the award or the following annual stockholder meeting, whichever occurs first.

Remarks:

Paula Darbyshire Attorney-infact For: Kolleen T. Kennedy

05/17/2023

** 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).

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.