FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
vasiliigton,	D.C.	20343

STATEMENT	OF C	HANGES	IN BE	NEFICIAL	OWNE	ERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average t	ourden								
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

Name and Address of Reporting Person* Abbey Donald					2. Issuer Name <b>and</b> Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
11000	Donard				-									X Direct	or		10% Ov	vner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023									Office below	r (give title )		Other (s below)	specify	
951 CALLE AMANECER					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form	filed by One	Rep	orting Perso	n	
SAN															Form	filed by Mor	e thai	n One Repo	rting	
	NITTE C.	A													Perso				Ü	
CLEME	NIE						401.5	- 4 /												
					-   Ru	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		1_															
						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	le I - No	n-Deriv	ative	Sec	curiti	es A	cq	uired, I	Dis	posed o	of, or Be	eneficia	lly Owne	d				
1. Title of	Security (Ins	tr. 3)		2. Transa	action		A. Deen			3.		4. Securi	ties Acqui	red (A) or	5. Amo				7. Nature	
		-		Date (Month/D	)au/Voar)		xecution Date,		·,	Transaction		Disposed 5)	d Of (D) (In	str. 3, 4 ar	d Securit				of Indirect Beneficial	
				(WOILLINE	ayi rear	ay/Year)   if any (Month/Day/Yea											nstr. 4)	Ownership		
										_		<del>                                     </del>		1		Reported Transaction(s)			(Instr. 4)	
										Code	٧	Amount	(A) o	Price		3 and 4)				
_	- 1(1)					-			$\dashv$				- 1 .	1	(2)		<del> </del>			
Common	Stock(1)			05/17	/2023	)23 M			485 A \$		\$0.0	0 <sup>(2)</sup> 2,079			D					
			abla II	Dorivo	tivo C		ritio	. ^ ^	~	irod Di		and of	or Bor	oficial	y Owned			<u> </u>		
		1											ble sec		y Owneu					
				(e.g., p	uts, c	ans	, wai	IIaiii	э,	options	s, c	Oliveiti	DIE SEC	unities)						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
														Amount						
									Da		_	vaniunalina-		Number						
					Code	v	(A)	(D)		ue ercisable		xpiration ate	Title	of Shares						
Common Stock <sup>(1)</sup>	\$0.00	05/17/2023			M			485	05/	/17/2023 <sup>(3</sup>	) 0	5/17/2023	Common Stock	485	\$0.00 <sup>(2)</sup>	0		D		
Common Stock <sup>(1)</sup>	\$0.00 <sup>(2)</sup>	05/17/2023			A		948		05/	/17/2024 <sup>(3</sup>	) 0	5/17/2024	Common Stock	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: Donald M. Abbey

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.