## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden 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* FINNEY ELISHA W				2. Issuer Name <b>and</b> Ticker or Trading Symbol  ICU MEDICAL INC/DE [ ICUI ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 951 CAI	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2018										r (give title		Other (specify below)	
(Street) SAN CLEME (City)			92763 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - Non-	Deriva	ative	Sec	curitie	s Ac	quired,	Dis	posed c	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Date	Execution Date,			Code (Instr. 5)				and Securities Beneficially Owned Following		Form: Direct		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) o	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execution I Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Day if any (Month/Day/	ate, T	Transaction Code (Instr. 8)		of		6. Date Exercisa Expiration Date (Month/Day/Yea		te Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Common Stock <sup>(1)</sup>	\$0.00 <sup>(2)</sup>	05/15/2018			A		315		(3)	C	05/15/2019	Common Stock	315	\$0.00	315		D	
Non- Qualified Stock Option (right to	\$269.8	05/15/2018			A		1,163		05/15/201	9 0	05/15/2028	Common Stock	1,163	\$0.00	1,163		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.

## Remarks:

Alejandro Parras, Attorney-In-Fact For: Elisha W. Finney

05/17/2018

\*\* 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.