FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response.	0.5								

	ions may conti tion 1(b).	nue. See		File	d pursu or S	ant to	o Sectio n 30(h)	n 16(of the	a) of the Sec Investment	curitie Con	es Excha npany Ac	nge Act of t of 1940	1934		hours	s per re	esponse:	0.5	
Name and Address of Reporting Person* Sanzone Virginia Ruth						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 951 CAI	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023							X Office below	er (give title v) VP, Gene	ral C	Other (s below) ounsel	pecify	
(Street) SAN CLEMENTE CA 92673					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting 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.														
		Tabl	e I - Nor	n-Deriv	ative	Sec	uritie	s Ac	quired, [Disp	osed (of, or B	eneficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					A. Deemokecution any Month/Da	Date	Transaction Dispos		Dispose	urities Acquired (A sed Of (D) (Instr. 3,		nd Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	nt (A) or Prid			Transa				
		Ta							uired, Di s, options						I				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Date,	4. Transaction Code (Instr. 8)		of		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)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cc	Code	v	(A)	(D)	Date Exercisable		piration ite	Title	Amount or Number of Shares						
Common Stock ⁽¹⁾	\$0.0 ⁽²⁾	05/17/2023			A		4,872		(3)	03	/15/2026	Common Stock	4,872	\$0.0	4,872	!	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. One third of the units subject to the award shall vest on each of the first, second, and third anniversaries of the grant date. These awards were legally granted on March 15, 2023 but were subject to shareholder approval on May 17, 2023.

By: Paula Darbyshire,

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

Sanzone

** 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.