FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Jain Vivek						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jan vivek 															Oirector	Director		10% Ov	vner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									below)	below)			pecify	
951 CALLE AMANECER						10/19/2017										Chairmar	n and	CEO		
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN CLEMENTE CA 92673													X Form filed by One Reporting Person							
(City)	(S	tate)	(Zip)												Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 4 and 5	Beneficially Owned Following		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) o		rice	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock 10/19/2						2017		X		25,76	9 A	. \$	58.79	67,	67,680		D			
Common Stock 10/19/2						2017					25,769	(1) [9	\$1 <mark>90</mark> (2	41,	41,911		D		
Common Stock 10/20/2					/2017	2017					72,02	6 A	. \$	58.79	9 113	,937		D		
Common Stock 10/20/2									S		72,026	(1) [9	\$190 ⁽²	41,	,911		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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		n of		6. Date Exercis Expiration Date (Month/Day/Yea		te	of Secu Underly Derivati	7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or Nui of	ount mber ares						
Non- Qualified Stock Option (right to buy)	\$58.79	10/19/2017			х			25,769	(3)		02/24/2024	Commo Stock	25	,769	\$58.79	554,39	12	D		
Non- Qualified Stock Option (right to	\$58.79	10/20/2017			х			72,026	(3)		02/24/2024	Commo: Stock	72	,026	\$58.79	482,36	66	D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on September 7, 2017.
- 2. All shares sold were sold at the exact price disclosed.
- 3. Options vest and are exercisable as to 25% of the underlying grant one year after the date of grant and in equal monthly installments thereafter for three additional years.

By: Paula Darbyshire,

Attorney-in-fact For: Vivek

10/23/2017

<u>Jain</u>

** 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.