FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

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

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*  KOVALCHIK MICHAEL T					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]										Relationshipneck all app	,					
(Last)	,	,	Middle)	_	3. Date of Earliest Tra 07/22/2009					ansaction (Month/Day/Year)						Office	Officer (give title below)			Other (specify below)	
951 CALLE AMANECER						4. If Amendment, Date of Original Filed (Month/Day/Year) 07/22/2009										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CLEME	NTE C.	A 9	92673		07722	2,20	,									Form					
(City)	(S	tate) (	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Deemed ecution Date, iny onth/Day/Year)		, Transaction Dispos Code (Instr. and 5)		rities A ed Of (D			Securi Benefi Owned	cially I	Fori (D) ( Indi	rect (I)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amoun		(A) or (D)		Repor Transa	ollowing eported ransaction(s) nstr. 3 and 4)		tr. 4)	(Instr. 4)		
	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)	ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any			c	ransact ode (In )		on Number			Date Exer piration I onth/Day	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				С	ode	v	(A)	(D)	Da Ex	ate ercisable		xpiration ate	Title	or Nu of	nount mber ares						
Non- Qualified Stock Option (right to buy)	\$38.85	07/22/2009	07/22/2009		A		1,500		07/	/22/2010 <sup>(1</sup>	07	7/22/2019	Commo Stock		500	\$0	1,500		D		

## Explanation of Responses:

1. Not a new grant of options. The vesting schedule of the options was incorrectly reported on the original Form 4. The options are fully exercisable one year after the date of the grant.

By: Lynn DeMartini For:
Michael T. Kovalchik, III, 07/27/2009
M.D.

\*\* Signature of Reporting Person Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.