FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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

Name and Address of Reporting Person* RIGGS STEVEN						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [icui]											ip of Reporting F plicable) ctor		erson(s) to 1	
(Last)	(Fir	st) (N	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/15/2003									Officer (give title below)			below)	
C/O ICU MEDICAL INC																Vio	ce Preside	nt O	perations	
951 CALLE AMANECER					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														-	X	Form f	filed by One	e Rep	oorting Pers	son
SAN CLEMEN	NTE CA	9	2673													Form to Perso	filed by Mor n	e tha	an One Rep	orting
(City)	(Sta	ate) (Z	ľip)																	
		Table	e I - I	Non-Deriv	ative	Secu	ırities	Acc	quired,	Dis	posed o	f, oı	r Ben	eficia	ally (Owne	d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					/Year)	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed O 5)			ies Acquired (A) Of (D) (Instr. 3, 4			or 5. Am 4 and Secur Benef Owne		cially	Fori (D) (Indi	Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(1	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			,	, ,
Common Stock 08/15/					003				P	P		. A		\$24.3	327	51			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)	rivative Conversion Date Execution I curity or Exercise (Month/Day/Year) if any		ıtion Date,	4. Transaction Code (Instr. 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties red	6. Date Expirati (Month/		Amount of Securities Underlying Derivative Security (Instr 3 and 4)		f g instr. mount umber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

<u>Steven C. Riggs</u> <u>08/19/2003</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).