FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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).

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* SAUCEDO JOSEPH R						Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] Date of Earliest Transaction (Month/Day/Year)										heck all ap	plicable) ctor	ng Pe	Person(s) to Issuer 10% Owner	
(Last)	(Fi	rst) (Middle)		10/19	10/19/2004										Officer (give title below)		Other (specify below)		
(Street)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(City)	(S	tate) (Zip)														rm filed by More than One Reporting rson			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,				Code (Instr. and 5)						1 Secu	ficially ed	Forn (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amou	nt	(A) or (D)	Pric	Repo		(iiist	.,	(mau. 1)
	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)	if any	med on Date, Day/Year)	4. Transact Code (In 8)		n Number		6. Date Exercisabl Expiration Date (Month/Day/Year)			le and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D o (I	0. Ownership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	: cisable	Exp Date	iration	Title	or Nu of	mber					
Non- Qualified Stock Option (right to buy)	\$22.685	10/19/2004			A		1,875		04/19	19/2005	10/1	9/2014	Comm Stock		,875	\$22.685	1,875		D	

Explanation of Responses:

By: Lynn DeMartini For: Joseph R. Saucedo

10/20/2004

** 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.