## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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 <sup>®</sup> LOPEZ GEORGE A						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 951 CALLE AMANECER					3. Date of Earliest Transaction (Month/Day/Year) 06/13/2008									X Officer (give title X Other (specify below) Chairman / Chairman							
(Street) SAN CLEMENTE CA 92673 (City) (State) (Zip)				_	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea)				2 Ear) ii	2A. Deemed Execution Date,			3. Tra Coo	nsact de (In	tion [	4. Securities Disposed Of 5)	Acquire	d (A) or	5. Amount of Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Cod	de	v	Amount	(A) or (D)	Price					(Instr. 4)			
Common Stock 06/13/20				8			2	X		382,313	Α	\$8.166	7 761,48	761,481		)					
Common Stock														1,186,843		Ι		by Partne	ership <sup>(1)</sup>		
			Table II - Dei (e.g								posed of, convertibl			Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	2. 3. Transaction 3A. Deemed 4. Execution Date (Month/Day/Year) if any Co- Price of Derivative 8. 4. Execution Date, Transaction (Month/Day/Year) 8. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		4. Tran Code	ansaction of Derivativ			mber ative ities ired osed	6. D Expi		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security rity (Instr. 5)	deriv Secu Bene Own Follo Repo	owing orted saction(s)	Form Direc	ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	ode V (A)		A) (I	D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	per							
Non- Qualified Stock Option (right to buy)	\$8.1667	06/13/2008		x			3	82,313	12/3	31/2001	01/02/2009	Comm Stocl		\$13 \$8.1667	5	91,670		D			

Explanation of Responses:

1. Common Stock owned by George A. Lopez M.D. Second Family Limited Partnership. Dr. Lopez holds a one-percent general partnership interest in the Partnership. As general partner, he has the power to vote and power to dispose of the 1,186,843 shares owned by the Partnership and may be deemed to be beneficial owner of such shares. The Partnership acquired the shares on 2/24/99 from Trusts for the benefit of the Lopez children, the Christopher George Lopez Children's Trust and the Nicholas George Lopez Children's Trust, which own a 99% limited partnership in the Partnership. Dr. Lopez is not trustee of and has no interest in the children's Trusts. Except to the extent of his undivided one percent general partnership interest in the assets of the Partnership, Dr. Lopez disclaims any beneficial ownership of the shares owned by the Partnership.

By: Lynn DeMartini For:
George A. Lopez, M.D.

06/16/2008

\*\* 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.

Check this box if no longer subject