FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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* SHERMAN RICHARD MD				<u>ICU</u>	2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]										pplicable)		Person(s) to Issuer	
(Last)	,	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/20/2009									Officer (give title below)			Other (specify below)	
951 CALLE AMANECER					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CLEME	NTE CA	A 9	92673										X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Si	tate) (Zip)															
		Tab	le I - Non-Deri	vative S	Sec	uritie	s A	cquired,	Disp	osed	of, or I	Benefi	cially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution Date,			Transaction Disposed C		rities Acquired (A) ried Of (D) (Instr. 3, 4			Secur	icially d			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amou	nt (A) or Prid		rice	Reported Transaction(s) (Instr. 3 and 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)	2. Conversion or Exercise Price of Derivative Security	version Date Execution Date Execution Date if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 8			ransaction Number Code (Instr. of			Expiration Date (Month/Day/Year) Sec Un Det			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of Der Sec (Ins	Price vivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amou or Numb of Share	er					
Non- Qualified Stock Option (right to buy)	\$34.48	04/20/2009	04/20/2009	A		1,500		(1)	04/	20/2019	Commor Stock	1,50	0 \$3	34.48	1,500		D	

Explanation of Responses:

 $1.\ Options\ exercisable\ in\ four\ equal\ annual\ cumulative\ installments\ commencing\ one\ year\ after\ the\ grant\ date.$

By: Lynn DeMartini For: Richard H. Sherman, M.D. 04/20/2009

** 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.