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

| 1. Name and Address of Reporting Person* SWINNEY ROBERT S | | | | | | 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) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2015 | | | | | | | | | - | Director Officer (give title below) | | | | (specify | |
| 951 CAI | LLE AMAN | NECER | | | 4. If | Ameı | ndme | nt, Dat | e of Origina | ıl File | d (Month | /Day/Y | ear) | | . Individ ine) | ual d | or Joint/Grou | p Filing (Check Applicable Reporting Person | | | |
| (Street) | | | | | | | | | | | | | | | X | Form | filed by One | Report | ing Pers | son | |
| SAN CLEME | NTE C | A S | 92673 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | oorting | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Exec if an | y | ned n Date, ay/Year | Transaction Dispose Code (Instr. 5) | | | urities Acquired (A sed Of (D) (Instr. 3, | | | 3, 4 and Secur Bene Owne | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount (A) or (D) | | Price | | | | (Instr. 4) | | (Instr. 4) | | | | | |
| Common | 03/16/2015 | | 5 | | | X | | 1,87 | 5 | Α | \$31.195 | | 16,615 | | Ι | | | | | | |
| Common Stock | | | | 03/16/2015 | | | | | S ⁽¹⁾ | | 640 I | | D | \$9 | \$ 92 | | 5,975 | Ι |) | | |
| Common | Stock | | | | | | | | | | | | | 1,125 | | | | I | | by Spouse | |
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (I 8) | | | | 6. Date Exe Expiration (Month/Da | • | e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric of Deriva Securi (Instr. | tive ty | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | Code V | | (D) | Date Exercisabl | | cpiration ate | Title | or Nu of | umber | er | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$31.195 | 03/16/2015 | | | X | | | 1,875 | 10/16/2004 | 1 04 | 4/16/2015 | Comn | | ,875 | (2) | | 0 | | D | | |

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on December 4, 2014.
- 2. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn Ehrhart For: Robert <u>0.3/1</u> S. Swinney, M.D.

03/17/2015

** Signature of Reporting Person Date

ctlv.

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.