FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

1. Name and Address of Reporting Person [*]						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O ICU MEDICAL				lle)		3. Date of Earliest Transaction (Month/Day/Year) 12/20/2005								X Director 10% Owner X Officer (give title below) X Other (specify below) Chairman / Chairman					
951 CALLE AMANECER (Street) SAN CLEMENTE CA 92673				73	4.	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					
(City)	(S	(State) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Cod	de V	,	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 a	on(s)	(instr. 4	4)	(insu	. 4)
Common Stock				12/20/2005				>	x		4,052	Α	\$10.25	18,0	74		D		
Common Stock				12/20/2005				5	s		4,052	D	\$40 ⁽¹⁾	D 14,022 D)			
Common Stock														1,186	,843			by Partnership ⁽²	
Common Stock														23,2	23	1	[by T	rust ⁽³⁾
	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)	Exe if a	Deemed cution Date, ny	4. Tran	saction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exerci Expiration Da (Month/Day/Y			cisable and ate			8. Price of Derivative Security (Instr. 5) (Instr. 5) 9. Num derivat Benefic Owned Follow Report Transa (Instr. 4)		tive ties cially ring ted ction(s)	ve Ownersh ss Form: ally Direct (D or Indire ng (I) (Instr. d 4) tion(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
													or						

Explanation of Responses:

\$10.25

Non-Qualified Stock

Option

(right to buy)

1. Transaction is the exercise of a derivative security; see Column 2.

12/20/2005

2. Excludes 22,959 shares held by Diana K. Lopez, M.D. Dr. Lopez disclaims any beneficial interest in the shares held by his wife.

3. Common Stock owned by Lopez Family Trust. Dr. Lopez is trustee and beneficiary of the Family Trust. Except to the extent of his peciuniary interests as beneficiary of the Family Trust, Dr. Lopez disclaims any beneficial ownership of the shares owned by the Family Trust.

Date

Exercisable

01/30/1999

v

(A) (D)

4.052

Code

х

Expiration

06/26/2007

Date

By: Lynn DeMartini For: George A. Lopez, M.D. ** Signature of Reporting Person

of

Shares

4,052

Title

Common

Stock

12/20/2005

78,397

D

Date

\$**40**⁽¹⁾

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.