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* LOPEZ GEORGE A | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | | |
|---|---|--|---|---|---|---|--------|--|-----------------|---------------------------|----------------------------|---|---|--|--|----------------------------------|---|-----------------------|--|--|
| (Last) | , | · · | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2014 | | | | | | | | | | r (give | (give title | | Other (specify below) | | |
| 951 CALLE AMANECER | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) SAN CLEME | NTE CA | A 9 | 92673 | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deriv | ative S | Sec | uriti | es Ac | quire | d, D | isposed | d of, | or Be | eneficia | Ily Owne | d | | | | | |
| Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da if any (Month/Day/Y | | Date, | 3. Transaction Code (Instr 8) | | | | | | 5. Amount of Securities Beneficially Owned | | 6. Ownership Form: Direct (D) or Indirect (I) | | | | | | |
| | | | | | | Code | v | Am | ount | (A) or (D) | Price |) | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | | |
| Common Stock | | 11/10/2014 | | | X | | 2: | 5,000 | A | \$34.18 | | 475,235 | | D | | | | | | |
| Common Stock | | 11/10/2014 | | | S ⁽¹⁾ | | 21,700 | | D | \$71.0366(2) | | 453,535 | | D | | | | | | |
| Common Stock | | 11/10/2014 | | | S ⁽¹⁾ | | 3,300 | | D | D \$72.005 ⁽³⁾ | | 450,235 | | D | | | | | | |
| Common Stock | | | | | | | | | | | | 1,186,843 | | I | | by Partnership ⁽⁴⁾ | | | | |
| | | T | able II - Deriva (e.g., p | | | | | | | posed conve | | | | y Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | An Se Ur De Se | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | on Tit | tle | Amount or Number of Shares | | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$34.18 | 11/10/2014 | | X | x | | 25,000 | 12/31/ | 2004 12/09/2014 | | | ommon Stock | 25,000 | (5) | (5) 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 February 25, 2014.
- 2. The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$70.44 to \$71.44, inclusive. The reporting person undertakes to provide ICU Medical, Inc., any security holder of ICU Medical, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- 3. The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$70.45 to \$72.01, inclusive. The reporting person undertakes to provide ICU Medical, Inc., any security holder of ICU Medical, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.
- 4. 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.
- 5. Transaction is the exercise of a derivative security; see Column 2.

** 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.