FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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

(Last) (First) (Middle) 951 CALLE AMANECER 02/15/2008 Vice President Sales (Street) (Street) (A if Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (City) (State) (Zip) (Street) 6. Individual or Joint/Group Filing (Check Applicable Line) 1. Title of Security (Instr. 3) 2. Transaction Date, (Month/Day/Year) 3. Transaction Date, (Month/Day/Year) 4. Securities Acquired (A) or (Disposed Of (D) (Instr. 3, 4 and g) 5. Amount of Securities Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date, (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or (Disposed Of (D) (Instr. 3, 4 and g) 5. Amount of Securities Beneficially Owned (Instr. 4) Form filed by Owned (Instr. 4) Common Stock 02/15/2008 02/15/2008 P 5.39 D 1. Title of Conversion Security (Instr. 3) 3. Transaction Date (Instr. 4) 5. Number of of or Securities Acquired (Instr. 4) S. Street (Instr. 4) </th <th colspan="6">1. Name and Address of Reporting Person[*] COSTELLO RICHARD A</th> <th colspan="8">2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]</th> <th></th> <th></th> <th>olicable)</th> <th>-</th> <th colspan="2">Person(s) to Issuer 10% Owner</th>	1. Name and Address of Reporting Person [*] COSTELLO RICHARD A						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]										olicable)	-	Person(s) to Issuer 10% Owner	
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Explanation of Responses:

By: Lynn DeMartini For: Richard A. Costello

02/19/2008

** 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.