FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL								
OMB Number:	3235-0287								
Estimated average burden									
haiina man naanana	. 0 5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Jain Vivek					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jani vivek																Director		10% Owner		· I	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024										X Office below	r (give title)		Other (: below)	specify	
951 CALLE AMANECER				03/												Chairman and CEO					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN	· ·														- 1	X Form filed by One Reporting Person					
CLEME	NTE CA	A	92673												Form filed by More than One Reporting Person						
(City)	City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication															
				П	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
			le I - Noi			_			cqu		DIS		_								
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ar) E	A. Deemed xecution Date, any //onth/Day/Year)		´	3. Transaction Code (Instr.) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefic Owned	es For ially (D) Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	nount		Price	Report Transa (Instr. 3	ction(s)			(Instr. 4)	
Common Stock ⁽¹⁾ 03/1:				/2024					M		4,871		A	\$0.0) 10	7,264		D			
Common Stock 03/1:				5/2024					F		2,671	l	D	\$98.0	08 10	104,593		D			
Common Stock															88,698			I	by Trust		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
	1			(e.g., p	uts,	calls	, wa	rrants	s, c	ption	s, c	onverti	ble	secu	rities)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)				6. Date Exercisab Expiration Date (Month/Day/Year)			Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ite cercisabl		xpiration ate	Title		Amount or Number of Shares						
Common Stock ⁽¹⁾	\$0.0 ⁽²⁾	03/15/2024			M			4,871		(3)	0	3/15/2026		mmon tock	4,871	\$0.0	9,744		D		

Explanation of Responses:

- 1. These securities are Restricted Stock Units
- 2. There is neither a purchase price nor an exercise price for the Restricted Stock Units.
- 3. One third of the units subject to the award shall vest on each of the first, second, and third anniversaries of the grant date. These awards were legally granted on March 15, 2023 but were subject to shareholder approval on May 17, 2023.

By: Paula Darbyshire,

Attorney-in-fact For: Vivek 03/18/2024

<u>Jain</u>

** 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.