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

| Name and Address of Reporting Person* Lamb Scott E | | | | | Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | ck all appl Direct | or | | 10% O | wner | | |
|--|---|------------|---------|--------------------------------|---|--|----------------------------|-----------------------------------|--|--------------------------------------|----------------|-----------------|---|-----------------------------|---|---|---|--|-------------------------|--|
| (Last) 951 CAI | (Fi | , | Middle) | | | 07/21/2010 (Month/Day/Year) | | | | | | | | | below | er (give title v) Secretary, Tr | | Other (specify below) | | |
| , | SAN CLEMENTE CA 92673 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (81 | | Zip) | n Dorive | otivo S | | urition | | auirod F |)ion | acad a | of or B | onof | ioioll | v Owno | d | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | ion 2A. Deemed Execution Date, | | | 3. Transact Code (In | 4. Section Dispose (Instr. and 5) | | urities Acquired (sed Of (D) (Instr. | | (A) or | 5. Amo Securit Benefic Owned Follow Report | ount of 6. ities Fo (D) Inc | | n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| 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) | I. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year) | | | | 4. Fransact | . 5. Number ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Security Derivativ Security and 4) | | | | and of es ing | | . Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y 1 | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amo or Nun of Sha | - 1 | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$37 | 07/21/2010 | 07/21/2 | 2010 | A | | 15,000 | | (1) | 07/ | /21/2020 | Commor Stock | 15, | 000 | \$37 | 15,000 | | D | | |

Explanation of Responses:

1. Options vest and are exercisable as to 25% of the underlying grant one year after the date of grant and in equal monthly installments thereafter for three additional years.

By: Lynn DeMartini For: Scott E. Lamb 07/21/2010

** 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.