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

Name and Address of Reporting Person*     COSTELLO RICHARD A							Issuer Name and Ticker or Trading Symbol     ICU MEDICAL INC/DE [ ICUI ]      Date of Earliest Transaction (Month/Day/Year)									all appl	,	g Pe	rson(s) to Is  10% Or  Other (s	wner
(Last)							10/25/2013								X	below	,		below)	
951 CAI	$\perp$										Vice President Sales									
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN CA 92673															X Form filed by One Reporting Person					
CLEMENTE CA 926/3				3												Form filed by More than One Reporting Person				
(City)	(S	tate) (																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year					ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year)			T C	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amour Securities Beneficia Owned Following		ties cially	es Form ially (D) of Indi		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									С	Code V		Amount	(A) or (D)	Price		Report Transa			ur. 4)	(1115tr. 4)
Common Stock 10/25/2013									X		12,187	A	\$37	\$37		16,894		D		
Common Stock 10/25/2013								Γ	S		12,187	D	\$63.159	63.1598(1)		1,707		D		
	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)	Exec if an	(e.g., p 3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactior Code (Instr 8)		5. Number		6. Date Exer Expiration I (Month/Day		cisable and Date	7. Title and 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 (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						ode V		) (D)		Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$37	10/25/2013			х			12,1	87	(2)		07/21/2020	Common Stock	1 12,187	,	(3)	2,813		D	

## ${\bf Explanation\ of\ Responses:}$

- 1. The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$63.00 to \$63.27, 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.
- 2. 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.
- 3. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn DeMartini For: Richard A. Costello

10/25/2013

\*\* 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.