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* BROWN JACK					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									neck all app	onship of Reporting Person(s) to Issuer Il applicable) Director 10% Owner			
(Last)	ast) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2003										Officer (give title below)		Other (specify below)	
(Street) (City)	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. I Lin	e) X Form	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				ay/Year)	Execution Date,						rities Acquired (A			5. Am Secur Benef Owned	icially d		ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount (A) or (D)		Price	Repor Trans			"	(111041. 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)			Transac Code (Ir	ransaction of ode (Instr. Derivative		ative rities ired sed	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		tr. unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I) (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of Shar	es					

Explanation of Responses:

/s/ Jack W. Brown

05/16/2003

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).