FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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* FINNEY ELISHA W						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(F	irst)	(Middle)			. Date of Earliest Transaction (Month/Day/Year) 15/15/2024								Officer below)	(give title		Other (sp below)	pecify	
951 CALLE AMANECER					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN CLEMENTE CA 92763												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)				-   R	Rule 10b5-1(c) Transaction Indication  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.														
		Tak	ole I - Nor	n-Deriv	vativ	e Se	curitie	es Ac	quired,	Dis	posed o	f, or Beı	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		, Transaction Disposed Of Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 and		Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
COmmon Stock <sup>(1)</sup> 05/15/2					5/202	2024		М		948	A	\$0.00	2) 2,	2,429		D			
		•	Table II -								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			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(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares						
Common Stock <sup>(1)</sup>	\$0.00 <sup>(2)</sup>	05/15/2024			A		1,723		05/15/2025	(3)	05/15/2025	Common Stock	1,723	\$0.00	0.00		D		
Common Stock <sup>(1)</sup>	\$0.00	05/15/2024			M			948	05/15/2024	(3)	05/15/2024	Common Stock	948	\$0.00	0		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. These Restricted Stock Units vest on the anniversary of the date of the award or the following annual stockholder meeting, whichever occurs first.

Paula Darbyshire Attorney-in-05/15/2024 fact For: Elisha W. Finney

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.