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* SAUCEDO JOSEPH R						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	`	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/05/2014									Officer (give title below)		Other (specify below)		
951 CALLE AMANECER						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	(Street)														X Form filed by One Reporting Person					
SAN CLEME	N EMENTE CA 92673														Form filed by More than One Reporting Person					
(City)	(S	tate) (Zip)																	
		Tab	le I - N	lon-Deriv	ative \$	Sec	urit	ies A	cquired,	Dis	posed	of, or	Ben	eficia	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date,			3. Transac Code (I r) 8)		Securities Acquired (sposed Of (D) (Instr. 3 d 5)			Secu Ben Own		Fori (D) (irect (I)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amour		A) or D)	Price	Rep Trar	owing orted saction(s) r. 3 and 4)	(Ins	tr. 4)	(Instr. 4)				
Common Stock 09/05/2)14			X		1,8	75	A	\$32	.61	2,815		D		
Common Stock 09/05/20						014			S ⁽¹⁾		1,8′	75	D	\$61	.39	940		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)	if any	ion Date,	4. Transact Code (In 8)		on Number		6. Date Exercisal Expiration Date (Month/Day/Year		Amo Secu Undo Deriv Secu		. Title and kmount of securities inderlying serivative security (Instr. 3 and 4)		8. Price of Derivativ Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V (A)		(D)	Date Exercisab		piration	Title	Amo or Num of Shar							
Non- Qualified Stock Option (right to buy)	\$32.61	09/05/2014			х			1,875	05/16/2004	4 11	/16/2014	Comm		,875	(2)	0		D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on November 12, 2013.
- 2. Transaction is the exercise of a derivative security; see Column 2.

By: Lynnn Ehrhart For: Joseph R. Saucedo 09/05/2014

** 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.