SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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 [*] Woolson Daniel						2. Issuer Name and Ticker or Trading Symbol <u>ICU MEDICAL INC/DE</u> [ICUI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 951 CALI	(Firs LE AMANE	,	/iddle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								X	Officer (give title below) VP, GM-Infusio			Other (s below) n Capital	pecity	
(Street) SAN CLEMEN	TE CA	CA 92673					4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	te) (Z	ίp)		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.											to satisfy				
		Tabl	e I - No	n-Deriv	ative	Sec	uriti	es Aco	quired	, Dis	posed o	f, or Be	nefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					Day/Year) if a		A. Deemed xecution Date, any Month/Day/Year)		Transaction Disposed		ties Acquired (A) d Of (D) (Instr. 3, 4		nd 5)	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) o (D)	Price		Transact (Instr. 3 a	ion(s)				
Common Stock ⁽¹⁾ 03/15					5/2024				М		2,923	Α	\$ <mark>0</mark>	.0	16,903			D		
Common Stock 03/15					3/15/2024				F		1,294	4 D \$.08	15,609		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)	vative Conversion Date Execution urity or Exercise (Month/Day/Year) if any						n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		5	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercisable		Expiration Date	tion Title		nt er s						

Explanation of Responses:

\$0.0⁽²⁾

Performan

Shares⁽¹⁾

1. These Securities are Performance-based Restricted Stock Units (PRSU).

03/15/2024

2. There is neither a purchase price nor an exercise price for the PRSUs.

3. One-third of the shares shall vest on each of the first, second, and third anniversaries of the grant date. The vested shares shall become exercisable if, during the term of the option, the closing price of the Company's common stock is equal to or more than one-hundred and thirty percent of the exercise price per share for thirty consecutive trading days. The appreciation must occur within four years from the grant date

(3)

By: Paula Darbyshire, Attorney-in-fact For: Daniel

03/18/2024

5,847

D

Woolson

2,923

\$<mark>0 0</mark>

03/15/2026

Commor

Stock

** 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.

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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.

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