FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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

1. Name and Address of Reporting Person* COSTELLO RICHARD A						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]										olicable)	g Person(s) to Is		
(Last) 951 CAL	st) (First) (Middle) 1 CALLE AMANECER					3. Date of Earliest Transaction (Month/Day/Year) 09/07/2011									Officer (give title below) Vice Presid		ident S	Other (specify below) ent Sales	
(Street) SAN CLEMEN (City)	NTE	CA 92673 (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indiv ine) X	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	eI-	Non-Deriv	ative	Secu	ırities /	Acq	quired	, Dis	sposed of	f, or B	enefici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					ear) if	Execution Date,			Transaction Disposed Code (Instr. 5)		4. Securitie Disposed C 5)			and Secu		ficially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
					c	Code	v	Amount	(A) or (D)	Price		Repo Trans		(insu.	+)	(Instr. 4)			
Common Stock				09/07/2011		09/07/2011			S		166(1)	D \$39		508 0.0)		
	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)	or Exercise (Month/Day/Year) if any			Fransaction of Code (Instr. S) Si A (A D of (III III III III III II II II II II II I		ve es ed ed , 4	Expiration (Month/Day s		/Year) Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numb of		t of ies ying ive y (Instr.) Amount or Number			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr For Dire or II (I) (I 4)	nership m: ect (D) ndirect nstr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. Shares purchased through Employee Stock Purchase Plan

By: Lynn DeMartini For: Richard A. Costello 09/07/2011

** 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.