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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(Fi	rst) (3. Date of Earliest Transaction (Month/Day/Year) $11/16/2004$										er (give title		(specify		
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)	(S	tate) (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) Date (Month/Day						Execution Date			, Transaction Dispos Code (Instr. and 5)			urities Ac sed Of (D			Secur	icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amou	nt (/) or)) P	rice	Report Trans		(1150.4)	(1150. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Executio if any (Month/	on Date,	4. Transact Code (In 8)				6. Date Exer Expiration I (Month/Day		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of Der Sec (Ins	Price ivative curity str. 5)	9. Number of derivative e Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)	(D)	Date Exercisable		iration e	Title	Amou or Numb of Shares	er					
Non- Qualified Stock Option (right to buy)	\$ 24.21	11/16/2004			A		1,875		05/16/2005	11/1	16/2015	Commor Stock	1,87	5 \$2	24.21	1,875	D		

Explanation of Responses:

By: Lynn DeMartini For: Joseph R. Saucedo

11/16/2004

** 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.