FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT	OF CHANG	ES IN BENE	FICIAL OW	NERSHIP

OMB APPR	ROVAL				
OMB Number:	3235-0287				
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(-) -																			
Name and Address of Reporting Person* Woolson Daniel				2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							suer								
WOOISC	on Daniei				1	3 1111	-			CIDE	[1001]				Direc	tor		10% Ov	vner
,														1	Office	er (give title		Other (s	specify
(Last)	(Fir	rst) (I	Middle)					Trar	nsactio	on (Mont	h/Day/Year))				,	incior	,	
951 CALLE AMANECER			12/06/2024 VP, GM-Infusion Capital																
(Street)					4. If <i>i</i>	Amend	ment,	Date	of Ori	iginal Fil	ed (Month/E	Day/Yea	r) (6. Indiv	/idual o	r Joint/Group	p Filin	ng (Check A	pplicable
SAN													· [1	Line)				•	
CLEME	NTE CA	Λ 9	2673											1	Form	filed by One	e Rep	orting Person	on
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(0:1.)	(0)		. .												Perso	on			
(City)	(50	ate) (Z	Zip)																
		Table	I - Non-D	eriva	tive	Secui	rities	Ac	quir	ed, Di	sposed o	of, or	Benefic	cially	Own	ed			
1. Title of	Security (Ins	tr. 3)		saction				3. 4. Securities Acquired (A) or									7. Nature		
			Date (Month	/Day/Ye	Execution Da ar) if any		n Date	Date, Transact					tr. 3, 4 and	nd 5) Secur Benef					of Indirect Beneficial
duminim)			u,	(Month/E				8)						ed Following Ìı		rect (I)	Ownership (Instr. 4)		
							Γ		Code	v /	Amount (Price	Tran		saction(s)		nstr. 4)	(111511.4)
				_			_		i i		(D)			(Instr.	3 and 4)				
Common	Stock		12/0	6/2024	24			S		2,241	D	\$156.2	S156.251 ⁽¹⁾		10,866		D		
		Tal	ble II - De	rivati	V0 S	ocurit	tine /	٨٥٥	uiro	d Dier	ocod of	or B	onofici	ally (Jwno	d			
		Ia									converti	•		•	JWITE	u			
1. Title of	2.	3. Transaction	3A. Deemed	ı	4.		5. Nu	ımbe	r 6. E	Date Exer	cisable and	7. Tit	tle and	8. P	rice of	9. Number	of	10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date,		Transaction		of Dominiotin		Expiration Date				unt of		ivative urity	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)			th/Day/Year) 8)		Code (Instr. 8)		Derivative Securities		es ` ´ ˈlu			Securities Underlying		tr. 5)	Beneficially	y	Direct (D)	Ownership	
	Derivative Security					Acquired (A) or							Derivative Security (Instr.		Owned			or Indirect (I) (Instr. 4)	(Instr. 4)
	Occurry							Disposed 3 and				.		Reported		(1) (111311. 4)			
									4						Transaction (Instr. 4)				
					and 5)			<u> </u>						[
													Amoun	t					
													or Numbe	.					
					Code		[, <u>,</u> ,	(D)	Dat	te ercisable	Expiration		of						
	l	I	I		Code	ı v	(A)	(D)	⊏X€	ะเบเรลมโย	Date	Title	Shares	- 1		1			1

Explanation of Responses:

1. All shares sold were sold at the exact price disclosed

By: Paula Darbyshire,

Attorney-in-fact For: Daniel 12/06/2024

Woolson

** 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.