## 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 <sup>*</sup> 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) (	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/16/2004										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)	Zip)												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 Da			Date	Code (In					3, 4 Secu		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amou		(A) or (D)		Repor Trans		(1130.4)	(1130.4)
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. Deemed Execution D if any (Month/Day/	Date, T	I. Fransact Code (In 3)				6. Date Exer Expiration I (Month/Day		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of De Se (Ir	Price erivative ecurity hstr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				c	Code	v	(A)	(D)	Date Exercisable	Exp	iration e	Title	Amou or Numb of Share	er				
Non- Qualified Stock Option (right to buy)	\$31.195	04/16/2004	04/16/20(	04	А		1,875		10/16/2004	04/1	6/2015	Commor Stock	1,87	5 \$	31.195	1,875	D	

Explanation of Responses:

## By: Lynnn DeMartini For: 04/ Joseph R. Saucedo

04/19/2004

\*\* 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.