FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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

Name and Address of Reporting Person* SWINNEY ROBERT S						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] 3. Date of Earliest Transaction (Month/Day/Year)									all app	olicable) itor	ng Pers	Person(s) to Issu			
(Last)						12/02/2014									belov	er (give title w)		Other (speci below)			
951 CALLE AMANECER						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN CLEMEN	,														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					rear) i	Execution Date,			ransact ode (In		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Secu Bene Own		icially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			c	Code V		Amount	(A) or (D)	Price		Repo Trans	eported ransaction(s) nstr. 3 and 4)		.,	(
Common Stock 12/02/201						.4			S		875	D	\$84.9	9416		6,959		D			
Common Stock																1,125		I	by Spouse		
	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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any				4. Transa Code (8)		5. Numbor of Derivative Securitie Acquirection (A) or Disposed of (D) (Instr. 3, and 5)	re (6. Date Expirat (Month	ion D		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Prof Of Deri Secu (Inst	vative irity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ow For Dir or (I) (nership m: ect (D) ndirect Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)		Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

By: Lynn Ehrhart For: Robert S. Swinney, M.D.

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).