FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPRO	OVAL								
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*  BRUMMETT BURCAR ALISON						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ icui ]										plicable)	ng Person(s) to	Issuer Owner	
(Last) C/O ICU	(Fii MEDICAL	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2003									X	Officer (give title below)  Vice Preside		Othe below nt Marketing	′	
951 CALLE AMANECER  (Street) SAN CLEMENTE CA 92673					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St		Zip)																
		Tabl	e I - N	Non-Deriv	ative	Secu	uritie	es Aco	quired,	Dis	posed of	f, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				/Year)	Execu if any	Deemed cution Date, ny nth/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A			Secur Benef Owne	ficially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)		ce	Following Reported Transaction(s) (Instr. 3 and 4)		(1130. 4)	(он. 4)	
Common Stock 08/15/2				08/15/20	003		P		175	A	\$2	4.327	350		D				
Common Stock 08/				08/15/20	003				P		182	A	\$2	4.327	182		I	by Spouse <sup>(1)</sup>	
		Та	ble II	- Derivat (e.g., pı							osed of, osonvertib				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date, th/Day/Year)	4. Transa Code (I 8)				6. Date   Expirati (Month/	on D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		of Der Sec (Ins	Price ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Evaluation					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

1. Securities held by spouse; as such considered a beneficial owner

Alison D. Burcar 08/19/2003

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).