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

						1																
Name and Address of Reporting Person* SAUCEDO JOSEPH R						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
							2 Date of Farlingt Transaction (Month/Day/Voca)									Direc	ctor		10% C)wner		
(Last)	,	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/12/2012										Officer (give title below)		Other below)	(specify		
951 CAI	LLE AMAI	NECER			4. 1	lf Am	nendr	nen	nt, Dat	e of Origin	nal F	iled (Month	/Day/Yea	4	6. Indi Line)	Individual or Joint/Group Filing (Check Appline)						
(Street)															X	X Form filed by One Reporting Person						
SAN CLEME	SAN CLEMENTE CA 92673														Form filed by More than One Reporting Person							
(City)	(S	tate) (Zip)																			
		Tab	le I	- Non-Deri	vativ	e Se	ecui	riti	es A	cquired	l, Di	sposed	of, or E	Benefic	ially	Own	ed	,				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes						2A. Deemed Execution Date, ar) if any (Month/Day/Year)			3. Transact Code (In 8)		4. Securit Disposed			Secur Bene Owne	ficially d	Forr (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price				(Insi	tr. 4)	(Instr. 4)			
Common Stock 03/12/2012						2				X		9,000	A	\$39	0.25		9,000		D			
Common Stock 03/12/2012						2				S ⁽¹⁾		9,000	D	\$46.	5.329(2)		0.0		D			
	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)	Exec if an	Deemed zution Date, y nth/Day/Year)		nsaction de (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of Dei Sed (Ins	Price rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	Ownership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
							, ,	A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er							
Non- Qualified Stock Option (right to buy)	\$39.25	03/12/2012			х				9,000	11/16/20	02	05/16/2013	Common Stock	9,000		(3)	3,000		D			

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on May 28, 2011.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$46.21 to \$46.75, inclusive. The reporting person undertakes to provide ICU Medical, Inc., any security holder of ICU Medical, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price within the range set forth in this Form 4.
- 3. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn DeMartini For:

Joseph R. Saucedo

03/12/2012

** 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.