FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
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).

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*  Lain Vivola						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Jain Vivek															X	Direc	tor		10% C	wner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									X	Office	er (give title v)		Other (specify below)		
						05/22/2019											Chairma	n and C	FO.		
951 CALLE AMANECER					- 03/	03/22/2013											Chairmai	ir dilu C	LO		
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
SAN						, <u>,</u>									Line)						
CLEMENTE CA 92673														X Form filed by One Reporting Person					on		
CELIVIE	1111															Form	n filed by Moi	re than C	ne Rep	orting	
					1											Pers	on		•		
(City)	(St	ate) (	Zip)																		
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action					3. 4. Securities Acquired (A)							ount of	6. Owne		7. Nature	
				Date (Month/I	Day/Yea	Execution Date, ay/Year) if any			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			. 3, 4 aı	nd	Securi Benefi			orm: Direct D) or Indirect	of Indirect Beneficial			
l (month)				(	(Month/Day/Year)									Owned Follo		l Following		) (Instr. 4)	Ownership		
										Ī.,		(A) or			Repor		ted action(s)			(Instr. 4)	
									Code	V	Amount		(D)	Price		(Instr. 3 and 4)					
Common Stock 05/22/						)			G	V	50	50 D		\$0.0	0(1)	69,945		Г	)		
		Ta	hle II - I	Derivet	ive S	AC11	rities	Δοαμί	red D	ieno	sed of,	or F	Ronofi	الدنما	ν Ων	hanv					
		Id									onvertib				y Ov	viieu					
1. Title of	2.	3. Transaction	3A. Deeme Execution if any (Month/Da		4.		on of E			able and				8. Price of		9. Number o			11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)		′   Co	Transa Code (				Expiratio (Month/D		Amount of Securities			Derivative Security (Instr. 5)		derivative Securities		Ownership Form: Direct (D)	of Indirect Beneficial Ownership		
(Instr. 3)	Price of					ııısıı.			(IVIOITII)D		derlying		Beneficially								
	Derivative Security						Acquired		Derivative Security (Instr.				-t 2	,		Owned Following		ndirect	(Instr. 4)		
Security						(A) or Disposed of (D)		and 4)			isu. s			Reported		(I) (Instr. 4)					
											•				Transaction		(s)				
							(Instr. 3, 4 and 5)									(Instr. 4)					
								$\overline{}$			Δ	ount									
													or	ount							
							Data	- 1.	Evminatia			mber									
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of e Sha	ares							

## **Explanation of Responses:**

1. Shares transferred as a bona fide gift without any consideration.

By: Alejandro Parras,

Attorney-In-Fact For: Vivek

05/28/2019

<u>Jain</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.