FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:									

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

					or Se	ction	30(h) of th	e Investr	ment (Company Act	t of 1940							
1. Name a		2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last)	·					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2014										er (give title	Other below	(specify	
951 CA	LLE AMAN	NECER														vr Ope	rations		
(Street) SAN CLEME	·					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	City) (State) (Zip)																		
		Tab	le I -	· Non-Deriv	vative	Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	enefi	cially	Owne	d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Ex ear) if a	2A. Deer Executio if any (Month/D		·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Secur Benef Owner	icially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price				(Instr. 4)	(Instr. 4)	
Common Stock 11/20					4				X		9,627	A	\$28	3.39	1	2,494	D		
Common Stock 11/20/2014				4				X		10,000	A	\$25	5.51	22,494		D			
Common Stock 11/20/2014					4			X	<u> </u>	7,311	A	\$3	35	2	9,805	D			
Common Stock 11/20/2014				4			S		26,938	D	\$81.3	568(1)	2	2,867	D				
		Т	able	II - Deriva											wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exectificany	Deemed ecution Date,	4. Transaction Code (Instr. 8)		5. Numbe		6. Dat Expira (Mont	e Exer	cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. I of De Sec (In:	Price rivative curity str. 5)	derivative Securities rity Beneficiall	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	per					
Non- Qualified Stock Option (right to buy)	\$25.51	11/20/2014			X			10,00	0 03/11.	/2013	03/11/2018	Common Stock	10,0	00	(2)	0	D		
Non- Qualified Stock Option (right to buy)	\$28.39	11/20/2014			Х			9,627	07/22	/2013	07/22/2018	Common	9,62	27	(2)	373	D		
Non- Qualified Stock Option (right to buy)	\$35	11/20/2014			Х			7,311	. 08/14.	/2012	08/14/2017	Common Stock	7,31	11	(2)	0	D		

Explanation of Responses:

^{1.} The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$81.20 to \$81.58, 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 separate price within the range set forth in this Form 4.

^{2.} Transaction is the exercise of a derivative security; see Column 2.

By: Lynn Ehrhart For: Steven C. Riggs

** 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.