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

1. Name and Address of Reporting Person* BURCAR ALISON D						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	`	,	(Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/24/2014							Office below	er (give title w)		Other (specify below)		
951 CALLE AMANECER														Vice President Product Develop						
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
SAN	SAN													X	Form	orm filed by One Reporting Person				
CLEME	CLEMENTE CA 92673													Form filed by More than One Reporting Person						
(City)	(Si																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					rear) E	Execution Date,			3. 4. Securitie Transaction Disposed (Code (Instr. 5)					nd Securiti Benefic Owned		ties cially l	Forr (D) d Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price					tr. 4)		
Common Stock 02/26/201									S		805(1)	D	\$58.79	904	1	1,304		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	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (II 8)			6. Date Exerci Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 5 and 4)		8. Price of Derivat Securit (Instr. 9		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.		Beneficial Ownership			
						ode V		(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares							
Non- Qualified Stock Option (right to	\$58.79	02/24/2014			A		75,000		(2)		02/24/2024	Common Stock	75,000	\$	58.79	75,000		D		

Explanation of Responses:

- $1. \ Shares \ purchased \ through \ Employee \ Stock \ Purchase \ Plan$
- 2. Twenty-five percent of the shares shall vest on each of the first, second, third, and fourth anniversaries of the grant date. Fifty percent of the vested shares shall become exercisable if, during the term of the option, the closing price of the Company's common stock is equal to or more than one-hundred and twenty-five percent of the exercise price per share for thirty consecutive trading days. The remaining fifty percent of the vested shares shall become exercisable if, after the date of award and on or before the expiration date, the closing price of the Company's common stock is equal to or more than one-hundred and fifty percent of en exercise price for 30 consecutive trading days.

By: Lynn DeMartini For:
Alison D. Burcar

** Signature of Reporting Person

02/26/2014

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.