FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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 [*] Lamb Scott E						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)	st) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015									Office below	r (give title)	Other below)	specify	
951 CALLE AMANECER																Secretary, Treasurer,			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
	SAN CA 92673														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)																		
		Tab	le I - Noi	n-Deriv	ative S	Sec	urities	s Ac	quired, D)isp	osed o	of, or E	enefic	ially	Owne	d			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			Transaction D Code (Instr. ar			Securities Acquired (sposed Of (D) (Instr. 3 d 5)			5. Amo Securit Benefic Owned Followi	ies F cially (. Ownership Form: Direct D) or ndirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amoun	nt (A) or Pi (D) Pi		ce	Reported Transaction(s) (Instr. 3 and 4)			(1130.4)	
	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst 8)		n of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		of De Se	Price erivative curity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		oiration te	Title	Amour or Numbe of Shares	ər					
Common Stock ⁽¹⁾	\$0.0 ⁽²⁾	02/11/2015			Α		4,452		(3)	02/	11/2018	Common Stock	4,45	2 5	\$0.0 ⁽²⁾	4,452	D		
Non- Qualified Stock Option (right to	\$ 88.76	02/11/2015			А		16,583		(4)	02/	11/2025	Commor Stock	16,58	3	\$88.76	16,583	D		

Explanation of Responses:

1. These securities are Restricted Stock Units.

2. There is neither a purchase price nor an exercise price for the Restricted Stock Units.

3. One third of the Units subject to the award shall vest on each of the first, second, and third anniversaries of the grant date.

4. One-third of the shares shall vest on each of the first, second, and third anniversaries of the grant date. 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 thirty percent of the exercise price per share for thirty consecutive trading days. The appreciation must occur within four years from the grant date.

By: Lynn Ehrhart For: Scott E. Lamb 02/13/2015

** 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.