FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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).

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* KOVALCHIK MICHAEL T						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 951 CALLE AMANECER						3. Date of Earliest Transaction (Month/Day/Year) 04/15/2013										X		r (give title		Other (below)	specify	
						4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Form	Form filed by One Reporting Person					
SAN CLEME	NTE C	A 92673																Form filed by More than One Reporting Person				
(City)	(S	tate) (Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year						2A. Deemed Execution Date, if any (Month/Day/Year)				3. Transaction Code (Instr. 8)			4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			nd 5) Securi Benefi Owned		ities Fo icially (D		or irect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	e V		Amount	(A) or (D) Price					(Instr. 4)		(Instr. 4)		
Common	04/15/201	3					X		1	15,000	A	\$39.25		17,762			D					
Common Stock 04/15/2										S (1)		15,000	D	\$59.83	59.8366(2)		2,762		D		
		Ta	able	e II - Deriva (e.g., p									posed of, converti				wned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Grivative Conversion Date Execution or Exercise (Month/Day/Year) if any			cution Date,	Code	nsaction de (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day		ı D	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
c					Code	Code V		(A)	(D)	Da Ex	te ercisabl	le	Expiration Date	Title	Amoun or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$39.25	04/15/2013			X	(15,000	11	/16/2002	2	05/16/2013	Common Stock	15,000)	(3)	0		D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Trading Plan adopted by the reporting person on April 19, 2012.
- 2. he price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$59.38 to \$60.13, 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:

Michael T. Kovalchik, III, 04/15/2013

M.D.

** 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.