FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 [*] BROWN JACK						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 07/21/2010										X Director Officer (give title below)		10% Owner Other (speci below)		specify	
951 CAI	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) SAN CA 92673															X	Form Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			Code (Instr.			4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)				Secur	icially d	6. Owne Form: D (D) or Indirect	irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amou		A) or D)	Price	Repor Trans		(Instr. 4)		(instr. 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. 3. Transaction 3A. Deemed		n Date,	d 4. Date, Transact Code (In		5. tion Number			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of De Se (Ir	Price erivative curity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (II 4)	ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V (A)		(D)	Date	e rcisable	Exp Dat	oiration e	Title	Amo or Num of Shar	ber					
Non- Qualified Stock Option (right to buy)	\$37	07/21/2010	07/21/2010		А		1,500		07/2	21/2011	07/2	21/2020	Commo Stock	¹ 1,50	00	\$37	1,500		D	

Explanation of Responses:

By: Lynn DeMartini For: Jack 07/21/2010

W. Brown

** 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.