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* SHERMAN RICHARD MD				<u>ICU</u>	Issuer Name and Ticker or Trading Symbol     ICU MEDICAL INC/DE [ ICUI ]      Date of Earliest Transaction (Month/Day/Year)									all app	olicable) itor	ting Person(s) to		wner
(Last)	,	,	Middle)	04/21	04/21/2010									Officer (give title below)			Other (specify below)	
951 CALLE AMANECER				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applica Line)					
(Street)													X		filed by One		•	
ı	CLEMENTE CA 92673												Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)															
		Tab	le I - Non-Deri	vative S	Sec	uritie	s A	cquired,	Disp	osed	of, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,				Code (Instr. and 5)					Secur Benef Owner	icially d	Form (D) o Indir	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amou	nt (A) or Pri		ice	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(IIISU. 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)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any				Transaction Number Code (Instr. of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amoun or Numbe of Shares	r					
Non- Qualified Stock Option (right to buy)	\$33.52	04/21/2010	04/21/2010	A		1,500		04/21/2011	04/	21/2020	Common Stock	1,500	\$3	3.52	1,500		D	

Explanation of Responses:

By: Lynn DeMartini For: Richard H. Sherman, M.D.

\*\* Signature of Reporting Person

04/26/2010

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).