FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT O	E CHANGES	IN RENEEICIAL	OWNER

l	OMB APPROVAL										
	OMB Number:	3235-0287									
Estimated average burden											
ı	hours por rosponso:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 $\,$ or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Woolson Daniel	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) (First) (Middle) 951 CALLE AMANECER	3. Date of Earliest Transaction (Month/Day/Year) 02/13/2019	X Officer (give title Other (specify below) VP, GM-Infusion Capital
(Street) SAN CLEMENTE CA 92673	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (State) (Zip)	tive Securities Acquired Disposed of or Benefi	aiallu Ourrad

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(111501. 4)
Common Stock	02/13/2019		M		2,282	A	\$0.0	2,282	D	
Common Stock	02/13/2019		F		688	D	\$0.0	1,594	D	
Common Stock	02/15/2019		M		805	A	\$0.0	2,399	D	
Common Stock	02/15/2019		F		236	D	\$0.0	2,163	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(e.g., pare, came,															
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. Transa Code (8)		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(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Common Stock ⁽¹⁾	\$0.0 ⁽²⁾	02/13/2019		M			2,282	(3)	02/13/2020	Common Stock	2,282	\$0.0	2,282	D	
Performance Shares ⁽⁴⁾	\$0.0 ⁽⁵⁾	02/15/2019		M			805	(6)	02/15/2021	Common Stock	805	\$0.0	1,609	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. These Securities are Performance Stock Units.
- 5. There is neither a purchase price nor an exercise price for the performance stock units.
- 6. These performance stock units were granted on March 6, 2018. Vesting of these performance stock units are subject to the satisfaction of both performance-based conditions and time-based criteria. These performance stock units vest on February 15 of the first, second, and third year following the year of grant.

By: Alejandro Parras, Attorney-In-Fact For: Daniel Woolson

** 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.