FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
houre 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

				-																
Name and Address of Reporting Person*  LOPEZ GEORGE A					2. Issuer Name and Ticker or Trading Symbol  ICU MEDICAL INC/DE [ ICUI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LOI LZ GLONGL A														X	Oirecte	or		10	)% Ow	/ner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/16/2005									X	Office below	r (give )	title X Other (specify below)			
C/O ICU MEDICAL														Chairman / Chairman						
951 CALLE AMANECER					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)  X Form filed by One Reporting Person						
SAN CLEME	SAN CLEMENTE CA 92673													Form filed by More than One Reporting Person						
(City)	(S	tate) (	Zip)																	
		Tab	le I - Non-D	eriva	tive	Sec	urit	ies A	cqui	ired, D	isposed	of, or B	Benefic	iall	y Owne	d				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y				ar) if any		ution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
							Code	e V	Amount	(A) or (D)	Price	R	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)			
Common Stock		12/16/2	2/16/2005					X		15,051	A \$10.25		5	29,073		D				
Common Stock		12/16/2	2005	05				S		15,051 D		\$40		14,022		D				
Common Stock														1,186,843		I		by Partnership <sup>(1)</sup>		
Common	Stock														23,22	I by Trust <sup>(2)</sup>		rust <sup>(2)</sup>		
		T	able II - Der (e.g								posed of , converti				Owned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date, or Exercise (Month/Day/Year)			Co	4. Transaction Code (Instr. 8)				Exp (Mo	Date Exer piration I onth/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)				deriva Securi Benefi Owned Follow Repor	ities icially d wing rted action(s)	10. Owner Form: Direct or Ind (I) (Ins 4)	(D) Beneficial Ownership irect (Instr. 4)	
				C	ode	v	(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	Amour or Number of Shares	er						
Non- Qualified Stock Option (right to buy)	\$10.25	12/16/2005			X			15,05	1 01/	/30/1999	06/26/2007	Commor Stock	15,05	51	(3)	84	1,949	D		

## Explanation of Responses:

- 1. Excludes 22,959 shares held by Diana K. Lopez, M.D. Dr. Lopez disclaims any beneficial interest in the shares held by his wife.
- 2. Common Stock owned by Lopez Family Trust. Dr. Lopez is trustee and beneficiary of the Family Trust. Except to the extent of his peciuniary interests as beneficiary of the Family Trust, Dr. Lopez disclaims any beneficial ownership of the shares owned by the Family Trust.
- 3. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn DeMartini For: George A. Lopez, M.D.

12/16/2005

\*\* 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.