## 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 <sup>*</sup> CONNORS JOHN J						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)					3. Date of Earliest Transaction (Month/Day/Year) 12/07/2005									ficer (give title low)		Other ( below)	specify	
951 CALLE AMANECER					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									<ul> <li>S. Individual or Joint/Group Filing (Check Applicable ine)</li> <li>X Form filed by One Reporting Person</li> </ul>				
(Street) SAN CLEMENTE CA 92673														Form filed by More than One Reporting Person					
(City)	(S	tate) (	Zip)																
		Tab	le I - N	on-Deriv	ative S	Sec	urit	ies Ac	quired, C	isp	osed o	of, or B	eneficia	ally Ow	ned	_	,		
1. Title of Security (Instr. 3) 2. Transaci Date (Month/Day						Execution Date,			Code (In	Transaction Dispos Code (Instr. and 5)		ırities Acquired (A) c ied Of (D) (Instr. 3, 4		4 Sec Ben Owr	mount of urities eficially ied owing	es For ally (D) Indi		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amoun	t (A) (D)	or Pric	e Rep	orted saction(s) tr. 3 and 4)	ed ction(s)		、 <u></u> ,	
	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transact Code (In 8)	ion 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 Derivati Securit (Instr. 5	Beneficia	e S Ily G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$39.25	12/07/2005			G			15,000	11/16/2002	05,	/16/2013	Common Stock	15,000	) (1)	0		D		

Explanation of Responses:

1. Purchase price is zero; no purchase price applies.

By: Lynn DeMartini For: John <u>12/14/2005</u>

J. Connors

\*\* 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.