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* RIGGS STEVEN						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] 3. Data of Endiant Transaction (Manth (Paul Year))									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 951 CAI	(Fi LLE AMAN	rst) (3. Date of Earliest Transaction (Month/Day/Year) 02/05/2016									X Offic belo	10		(specify				
(Street) SAN CLEME (City)	SAN CLEMENTE CA 92673							4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - N	on-Deriv	ative S	Sec	uritie	s Ac	quired, [Disp	osed	of, or E	Benef	ficial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Exe if a	Deeme cution ny onth/Da	Date,	Transaction Dispos			urities Ac sed Of (D)			Secur	ficially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amou	nt (A) or (D)		Price	Repoi 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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/	on Date,	4. Transact Code (In 8)				6. Date Exercisable : Expiration Date (Month/Day/Year)			d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		o E S	. Price of Derivative Security nstr. 5)	Beneficially	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v (A	(A)		Date Exercisable	Exp	iration e	Title	Amo or Num of Shar	ber						
Common Stock ⁽¹⁾	\$0.0 ⁽²⁾	02/05/2016			Α		2,503		(3)	12/3	31/2018	Common Stock	2,5	03	\$0.0 ⁽²⁾	2,503	D			
Common Stock ⁽¹⁾	\$0.0 ⁽²⁾	02/05/2016			A		2,503		(4)	02/0	05/2019	Common Stock	2,5	03	\$0.0 ⁽²⁾	2,503	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. The vesting for this performance-based restricted stock unit ("PRSU") award is dependent upon the reporting person's earning PRSUs based on the achievement of performance criteria related to the Company's fiscal year 2018 Adjusted EBITDA per share CAGR in comparison to the fiscal year 2015 Adjusted EBITDA per weighted average basic share. The number of shares reported is the target award amount. The reporting person may potentially earn PRSUs ranging from 100% to 300% of the target award amount. The shares subject to the actual earned PRSU award will vest prior to March 15, 2019, the determination date, based on certification of the achievement of the performance criteria.
- 4. One third of the Units subject to the award shall vest on each of the first, second, and third anniversaries of the grant date.

By: Paula Darbyshire For: Steven C. Riggs 02/08/2016

** Signature of Reporting Person Dat

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.