FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
hours per response:								

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* BURCAR ALISON D						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)						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2015									X Office below	er (give title v)		Other (specify below)			
951 CALLE AMANECER																General Mgr, Infusion Systems					
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN CA 92673															X Form filed by One Reporting Person						
CLEMENTE CAT 72073															Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																		
		Tab	le I - N	lon-Deriv	ative \$	Sec	urit	ies Ac	quired,	Dis	posed o	of, or E	ene	ficia	ly Owne	d					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date,			3. Transac Code (I		4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)				Securi Benefi Owned	ties cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A)		Price	Report Transa			tr. 4)	(Instr. 4)							
Common Stock 01/30/2						015			M		666	666		\$0.0)	666		D			
Common Stock 01/30/20						015			F		291	I		\$83.5	58	375		D			
	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)	if any	ion Date,	4. Transactior Code (Instr 8)		on Number		6. Date Exercisal Expiration Date (Month/Day/Year		r) Amount Securiti Underly Derivati		unt of rities erlying vative rity (Instr. 3		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Ind (I) (Ins 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	nount mber ares							
Non- Qualified Stock Option (right to buy) ⁽¹⁾	(2)	01/30/2015			М			333 ⁽³⁾	01/30/2015	j(4) 0	2/01/2013	Commo Stock	33	33 ⁽³⁾	\$0.0 ⁽²⁾	0		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. If the Company's adjusted TSR for 2012 is equal or greater than the 33d percentile of the peer companies (but less than 50%), 50% of the shares covered by the RSUs would be earned; if adjusted TSR for the Company is equal or greater than the 75th percentile of the peer companies, 200% of the shares shown above for the RSUs would be earned. Vesting of any amount earned would be 33% on the anniversary date of the award; 33% of the award two years after grant, and the remaining 33% a year later, with the employee having to be employed by the Company at the time the award was earned and at the time of any vesting.
- 4. Vesting of any amount earned would be one-third on the anniversary date of the award; one-third of the award two years after grant, and the remaining one-third a year later, with the employee having to be employed by the Company at the time of any vesting.

By: Lynn Ehrhart For: Alison D. Burcar

02/02/2015

** 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.