FORM 4

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

Washington

, D.C. 20549		OMB APP	ROVAL
NI DENIEEIOLAL	OWNIEDGLUD	OMB Number:	2225

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	OWNERSHIP

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

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* FINNEY ELISHA W					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]										all app Direc	licable) tor	ng Pe	rson(s) to Is	vner		
(Last)	(Fir	st) (M	Middle	e)	3. Date of Earliest Transaction (Month/Day/Year) 05/16/2024									Office	er (give title /)		Other (s below)	specify			
951 CALLE AMANECER				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																X	Form	filed by Moi		oorting Perso an One Repo	
CLEME	NTE CA	A 9	92763			Dula 40h5 4(a) Tanna attan India tisa											Perso	on			
(City)	(Sta	ate) (Z	Zip)		l <sub>-</sub> ,	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins							to a c	ontra	ct, instru 10.	uction or writt	en pla	an that is inter	nded to		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			2. Transaction Date (Month/Day/Yea	Execution		n Date, Tr		Transaction Code (Instr.							5. Amount of Securities Beneficially Owned Following		For (D) (	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Co		ode	v /	Amount	(A (D	A) or D) Price				Reported Transaction(s) (Instr. 3 and 4)				
Common Stock		05/16/2024	94				S		300	]	D \$104.94		.947	<b>5</b> <sup>(1)</sup>	2,129			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Security or Exercise (Month/Day/Year) if any			cution Date,	4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	Expiration Date (Month/Day/Year) Sec Unit Der Sec 3 an				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			Deri Seci	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A) (D)				Date Exercisabl		Expiration Date		Title	Amo or Num of Shar	ber						

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$104.9472 to \$104.9478, inclusive. The reporting person undertakes to provide ICU Medical, Inc., any security holder of ICU Medical, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

> Paula Darbyshire Attorney-infact For: Elisha W. Finney

05/16/2024

\*\* Signature of Reporting Person

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.