FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

Name and Address of Reporting Person* LOPEZ GEORGE A						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) 951 CAL	(Fin		/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/08/2003									X belo	,	b	Other (spe below) sident, CEO		
(Street) SAN CLEMEN (City)	SAN CLEMENTE CA 92673					4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Forn Forn	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Oity)	(010													<u> </u>						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					on 2A. Deemed Execution Date) ate,	3. Transac Code (In 8)	ion	4. Securities Acquired (Disposed Of (D) (Instr. and 5)				5. An Secu Bene Owne	nount of rities ficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A (D	() or ()	Price	Repo Trans		(111501.4)		(111501. 4)					
Common	08/08/2	003				P		1,000		A :	\$ <mark>24</mark> .	75	11,000							
Common Stock 08/08/2						003					1,000		A :	\$24 .	86	12,000		D		
Common Stock 08/08/2					003				P		1,000		A	\$24 .	95	13,000		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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transac Code (I 8)		of Deriv Secur Acqu (A) or Dispo	Number 6. Date Exerc Expiration Di (Month/Day/Number) or sposed ((D) nstr. 3, 4 dd 5)			te ear)	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe		unt	8. Price of Derivative Security (Instr. 5)	9. Number of derivative securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Shar	es						

Explanation of Responses:

Remarks:

George A. Lopez, M.D. 08/08/2003

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).