FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
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

Name and Address of Reporting Person*     LOPEZ GEORGE A					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) 951 CALLE AMANECER				3. Date of Earliest Transaction (Month/Day/Year) 09/19/2006										X Officer (give title X Other (specify below)  Chairman / Chairman							
(Street) SAN CLEME (City)	NTE CA 92673  (State) (Zip)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
in the of occurry (mount)		2. Transaction Date (Month/Day/Ye	ar) E	r) if any		emed ion Date, //Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acqu Disposed Of (D) (I 5)				Beneficially Owned		6. Owne Form: D (D) or Indirect	irect Indire Benef (I) Owne		ficial rship		
								С	ode V		Amount	(A) or (D) Price		Following Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		(Instr. 4)		
Common Stock		09/19/200	6 09/1		19/	9/2006		X		18,442	A	A \$5.5417		32,464		D					
Common Stock		09/19/200	6 09/19		19/	9/2006		S		18,442	D	\$45	5	14,02	22 D						
Common Stock														1,186,843		I		by Partnership <sup>(1)</sup>			
Common Stock											23,22		23 I		by Trust <sup>(2)</sup>		rust <sup>(2)</sup>				
		T	able II - Deriva												y Owned						
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. Transacti Code (Ins 8)		5. Number		umber vative urities uired or oosed o) tr. 3, 4	er 6. Date Exe Expiration (Month/Day		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor	ties cially d ving ted action(s)	10. Owned Form: Direct or Ind (I) (Ins 4)	rship (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	е	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amo or Num of Shar	ber							
Non- Qualified Stock Option (right to buy)	\$5.5417	09/19/2006		Х				18,442	01/3	0/1999	01/31/2008	Commo		142	(3)	14:	3,924	Б	)		

## Explanation of Responses:

- 1. Excludes 22,959 shares held by Diana K. Lopez, M.D. Dr. Lopez disclaims any beneficial interest in the shares held by his wife.
- 2. Common Stock owned by Lopez Family Trust. Dr. Lopez is trustee and beneficiary of the Family Trust. Except to the extent of his peciuniary interests as beneficiary of the Family Trust, Dr. Lopez disclaims any beneficial ownership of the shares owned by the Family Trust.
- 3. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn DeMartini For: George A. Lopez, M.D.

09/19/2006

\*\* 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.