FORM 4

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

Washington, D.C. 20549

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0       |     |  |  |  |  |  |  |  |  |
| 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*     SHERMAN RICHARD MD  |  |            |          |                                  |            | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ icui ] |        |  |                              |      |   |  |                                |  | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner                        |  |  |  |   |  |
|---|--|------------|----------|----------------------------------|------------|---|--------|--|------------------------------|------|---|--|--------------------------------|--|---|--|--|--|---|--|
| (Last)  | `  | ,          | (Middle) |                                  |            | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2003             |        |  |                              |      |   |  |                                |  | Offic   | Officer (give title below)                                     |  | Other (specify below)  |   |  |
| C/O ICU MEDICAL INC<br>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) SAN CLEME  | NTE CA   | A 9        | 92673    |                                  | -          |   |        |  |                              |      |   |  |                                |  |   | n filed by One<br>n filed by Mor<br>on                         |  | -  |   |  |
| (City)  | (Si  | tate) (    | Zip)     |                                  |            |   |        |  |                              |      |   |  |                                |  |   |  |  |  |   |  |
|   |  | Tab        | le I - N | on-Deri                          | vative S   | Sec   | uritie | s Ad                                   | cquired,                     | Disp | osed  | of, or I                                 | 3ene                           | ficia  | lly Own   | ed   |  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |  |            |          |                                  |            | Execution Date,   |        |  | Transaction D Code (Instr. a |      |   | Securities Acquired posed Of (D) (Instr. |                                |  | Secur   | icially<br>d   |  | ect (I)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |  |            |          |                                  |            |   |        |  | Code                         | v    | Amou  | nt (A) or (D)                            |                                | Price  | Repor<br>Trans  | ported<br>ensaction(s)<br>str. 3 and 4)                        |  | . 4)   | (Instr. 4)  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |          |                                  |            |   |        |  |                              |      |   |  |                                |  |   |  |  |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | rivative Conversion Date<br>curity or Exercise (Month/Day/Year) if any   |            |          | 4.<br>Transact<br>Code (In<br>8) | ion Number |   |        | 6. Date Exc<br>Expiration<br>(Month/Da | Date                         |      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3<br>and 4) |  |                                | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. |  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|   |  |            |          |                                  | Code       | v   | (A)    | (D)                                    | Date<br>Exercisabl           |      | oiration<br>te  | Title                                    | Amo<br>or<br>Num<br>of<br>Shar | nber   |   |  |  |  |   |  |
| Non-<br>Qualified<br>Stock<br>Option<br>(right to<br>buy)     | \$31.945   | 11/16/2003 | 11/1     | 6/2003                           | A          |   | 1,875  |  | 05/16/2004                   | 11/  | 16/2014   | Commor<br>Stock                          | 1,8                            | 75   | (1)   | 1,875  |  | D  |   |  |

## **Explanation of Responses:**

1. Purchase price is zero; no purchase price applies.

By: Lynn DeMartini For: Richard H. Sherman, M.D.

11/16/2003

\*\* 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.