## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
---------------	------	-------

STATEMENT O	F CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: 3235-0287 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).

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*     Sanzone Virginia Ruth					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]									all app Direct	olicable) etor er (give title		Owner (specify	
(Last) (First) (Middle) 951 CALLE AMANECER						3. Date of Earliest Transaction (Month/Day/Year) 09/04/2019								74	belov	ow) below) VP, General Counsel		
(Street) SAN CLEMEN	NTE CA	Λ 9	92673			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					
(City)	(St	ate) (	Zip)			1 5.55												
		Tabl	eI-	Non-Deriv	ative	Secu	uritie	s Ac	quir	ed, D	isposed c	of, or I	<b>Benefici</b>	ally (	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Year)	Execution Date,		e,   -	Code (Instr.		Acquired (A) or (D) (Instr. 3, 4 and 5		5) Secu Bene		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							-	Code	v .	Amount	(A) or (D)	Price		Trans	action(s) . 3 and 4)		(11134114)	
Common Stock 09/04/2019				19	9 s 3,000 D \$154		\$154.08	802(1) 55		55	D							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) or Exercise Price of Derivative Security		4. Transa Code ( 8)			Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

## **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 \$154.07 to \$154.24 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.

By: Alejandro Parras,

09/05/2019 Attorney-In-Fact For: Virginia

Sanzone

\*\* 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.