## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

## 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

1. Name and Address of Reporting Person <sup>*</sup> COSTELLO RICHARD A					<u>ICU</u>	2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ icui ]											o of Reportir licable) tor	ng Pers	on(s) to I 10% C	
(Last)	(Fir	st) (N		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2003									X	Office belov	cer (give title ow)		Other (specify below)			
C/O ICU MEDICAL INC															Vice President Sales					
951 CALLE AMANECER					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					Applicable	
(Street)															X	Form	filed by One	e Repor	ting Pers	son
SAN CLEMEN	NTE CA	9													Form Perso	filed by Mor on	e than	One Rep	oorting	
(City)	(Sta	ate) (Z	lip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) Date (Month/Day/Y					Year) i	Execution Date,			Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)				, 4 and Sec		cially I	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		Reported Transaction(s) (Instr. 3 and 4)		,		(
Common Stock 08/15/20					003	03		Р		740		Α	\$24.327		1	,441	1	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)	rative Conversion Date Execu rity or Exercise (Month/Day/Year) if any		eemed 4. tion Date, Trans Code h/Day/Year) 8)						ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares		f g nstr. nount ımber	t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Foi Dir or (I) ( 4)	nership rm: ect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

## Richard A. Costello

08/19/2003

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.