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

1. Name and Address of Reporting Person*  LOPEZ GEORGE A				2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner							
(Last)	,	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/31/2015									Office	Officer (give title below)		_	r (specify		
951 CALLE AMANECER				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) SAN CLEME	NTE CA	A 9	92673											Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St	tate) (	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		Code			4. Securities Ac Disposed Of (D)		cquired (A) or 0) (Instr. 3, 4 and 5)		Securities Beneficially Owned		Form: Direct   I (D) or   E Indirect (I)   (		7. Nature of Indirect Beneficial Ownership				
							Code	e V	Ar	Amount (A						Price		Instr. 4)		
Common Stock			08/31/2015			X		1	10,000	A		\$35	410,716		D					
Common Stock			08/31/2015			S <sup>(1</sup>	.)		8,900		\$113.4496(2)		401,816			D				
Common Stock			08/31/2015			S <sup>(1</sup>	.)		1,100	D	\$114.1733(3		400,716		D					
Common Stock												986,843			I	by Partnership				
	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)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) if any of (Month/Day/Year) tive		Transaction of Code (Instr. 8) Sec. Acq (A) c Disp of (E		osed )) r. 3, 4	Expira	Date Exercisable and xpiration Date Month/Day/Year)		Ame Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (E or Indire (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)			
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	n Title	e	Amount or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$35	08/31/2015		X			10,000	08/14/	2012	08/14/201		nmon	10,000	\$35	20,00	00	D			

## **Explanation of Responses:**

- $1. \ The sales \ reported \ in \ this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ Plan \ adopted \ by \ the \ reporting \ person \ on \ June \ 11, \ 2015.$
- 2. The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$112.96 to \$113.95, 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.
- 3. The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$113.96 to \$114.94, 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: Michelle Lebednik For: George A. Lopez, M.D.

08/31/2015

\*\* 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 I	Number.