FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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 ar		2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Owner								
(Last)	(Fir	,	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 02/26/2014									Off	Officer (give title below)		Other (specify below)	
951 CALLE AMANECER (Street) SAN CLEMENTE CA 92673					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									ie) <mark>X</mark> Foi Foi	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Sta	ate) (Z	Zip)																
		Tabl	e I - N	lon-Deriv	ative S	Secu	ıritie	s Acc	uired,	Dis	osed o	f, or l	3ene	ficia	lly Owi	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)				Secu Ben Own	mount of irities eficially ed owing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A (D) or)	Price	Rep Tran	eported ransaction(s) nstr. 3 and 4)		. 4)	(111301. 4)	
Common	02/26/2	014	014			S		4,000		D	\$58.:	51	14,586		D				
Common Stock																1,125		I	by Spouse
	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)	rivative Conversion Date Execution Date, (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I) 4)	wnership orm: rect (D) Indirect (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	nber					

Explanation of Responses:

1. These securities are Restricted Stock Units.

By: Lynn DeMartini For: Robert S. Swinney, M.D.

** Signature of Reporting Person Date

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

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.

^{*} 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).