FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | 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

| Name and Address of Reporting Person* COSTELLO RICHARD A | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|---|--|--|-------------------|-------------------------------|---|----------------|-------|---|------|------------------|--|--------|----------------------|---|---|--|--|--|
| (Last) (First) (Middle) 951 CALLE AMANECER | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2006 | | | | | | | | | X Officer (give title Other (specify below) Vice President Sales | | | | |
| (Street) SAN CLEME | NTE C. | 4. If | 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) | (S | | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | | ion 2A. Dec Executi | | Deem cution | ned | 3. 4. Se Transaction Disp Code (Instr. 5) | | | Securities Acquired (A isposed Of (D) (Instr. 3, | | | 5. An Secu Bene Owne | nount of rities ficially | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A | or F | Price | Repo Trans | owing orted saction(s) ·. 3 and 4) | (Instr. 4) | (Instr. 4) | |
| Common Stock | | | | 12/15/2 | 15/2006 | | | | | | 1,40 | 0 . | A (| \$7.29 | 17 | 1,400 | D | | |
| Common Stock | | | | 12/15/2006 | | 12/15/2006 | | S | | 1,10 | 0 | D | \$40.5 | 55 | 300 | D | | | |
| Common Stock | | | | 12/15/2 | 006 | 12/15/2006 | | S | | 100 | | D | \$40.5 | 6 200 | | D | | | |
| Common Stock 12/ | | | | | 2006 12 | | 2/15/2006 | | S | | 100 | | D | \$40.4 | 17 | 100 | D | | |
| Common Stock 12 | | | | 12/15/2 | 006 12/15/2006 | | S | | 100 | | D | \$40.59 | | 0 | D | | | | |
| | | Ta | able II | - Derivat | | | | | uired, Di | | | | | | Owned | i | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, | 4. Transa Code (I 8) | ction | 5. Number E | | 6. Date Exercise Expiration Date (Month/Day/Yea | | able and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | 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) | |
| | | | | | Code | de V | | (D) | Date Exercisable | | xpiration ate | Title | or | ount mber ires | | | | | |
| Non- Qualified Stock Option (right to buy) | \$7.2917 | 12/15/2006 | | | X | | | 1,400 | 12/31/2003 | 11 | 1/19/2008 | Commo | n 1,4 | 400 | (1) | 13 | D | | |

Explanation of Responses:

1. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn DeMartini For: Richard A. Costello

12/15/2006

** 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.

 $^{^{\}star}$ 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).