FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
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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

Name and Address of Reporting Person*     SAUCEDO JOSEPH R				<u>ICU</u>	2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ] 3. Date of Earliest Transaction (Month/Day/Year)									k all app Direc	olicable) etor	ng Per	Person(s) to Issuer	
(Last)	,	,	Middle)		04/20/2011					<i></i>	,			Officer (give title below)			Other (specify below)	
951 CALLE AMANECER				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Application)					
(Street)													X		filed by One		•	
I	SAN CLEMENTE CA 92673												Form filed by More than One Reporting Person					
(City)	(SI	rate) (	Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,				Code (Instr. and 5)				3, 4 Secu Bend Own			Form (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amou	nt (A) or (D)		rice	Repor	Following Reported Transaction(s) (Instr. 3 and 4)		1. 4)	(IIISU. 4)	
	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, Curity or Exercise (Month/Day/Year) if any				ransaction Number Code (Instr. of			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 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	v	(A)	(D)	Date Exercisable		oiration e	Title	Amour or Number of Shares	er					
Non- Qualified Stock Option (right to buy)	\$44.82	04/20/2011	04/20/2011	A		1,500		04/20/2012	04/	20/2021	Common Stock	1,500	0 \$	44.82	1,500		D	

Explanation of Responses:

By: Lynn DeMartini For:
Joseph R. Saucedo

04/21/2011

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).