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* SWINNEY ROBERT S					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]										k all app	ip of Reporting Person(s) to Is olicable) ctor 10% O			
(Last)	,	,	Middle)		3. Date of Earliest Transaction (Month/Dat 07/20/2011							ar)			Offic belov	er (give title w)		Other (specify below)	
951 CALLE AMANECER				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							· .	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X		filed by One		-	
SAN CLEME	NTE C	A 9	92673												Form Pers	n filed by Mor on	e than C	ne Rep	orting
(City)	(Si	tate) (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			e, Transaction Dispose Code (Instr. and 5)			urities Acc sed Of (D)		3, 4 Secur Bene Owne		icially d	6. Owner Form: [(D) or Indirect	irect	7. Nature of Indirect Beneficial Ownership		
							Code		v .	Amoui	nt (A) or (D)		ice			(Instr. 4)		(Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Number Code (Instr. of			umber (Month/Day erivative scurities cquired is (D) sisters 3,			ate Amount of			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forr Dire or Ir (I) (I 4)	ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisal	ole	Expir Date	ration	Title	Amoun or Numbe of Shares	er					
Non- Qualified Stock Option (right to buy)	\$43.62	07/20/2011	07/20/2011	A		1,500		07/20/20	12	07/20)/2021	Common Stock	1,500	\$	43.62	1,500		D	

Explanation of Responses:

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

07/21/2011

** 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.

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