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 and Address of Reporting Person* CONNORS JOHN J (Last) (First) (Middle) C/O ICU MEDICAL 951 CALLE AMANECER (Street) SAN CLEMENTE CA 92673				3. Da 04/1	2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] 3. Date of Earliest Transaction (Month/Day/Year) 04/16/2004 4. If Amendment, Date of Original Filed (Month/Day/Year)							·) 6	(Check X	tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) (Zip)															
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)				vative Seputs, Cal	ive Securities Acquats, calls, warrants 4. S. Number Code (Instr. of			3. Transact Code (In 8) Code uired, Dis s, options 6. Date Exeritation I	3. Transaction Code (Instr. 8) Code V Amou			int (A) or (D) (Fric		5. Am Secur Benef Owned Follow Repor Trans (Instr.	ount of ities icially d ving	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4) 11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amoun or Number of Shares	1					
Non- Qualified Stock Option (right to buy)	\$31.195	04/16/2004	04/16/2004	A		1,875		10/16/2004	04/	16/2015	Common Stock	1,875	\$31	1.195	1,875		D	

Explanation of Responses:

By: Lynn DeMartini For: John J. Connors

** 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 Number.