FORM 4

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

Washington, D.C. 20549

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

1. Name and Address of Reporting Person* SWINNEY ROBERT S				<u>ICU</u>	Issuer Name and Ticker or Trading Symbol     ICU MEDICAL INC/DE [ ICUI ]      Date of Earliest Transaction (Month/Day/Year)								Relationship of Reporting Person(s) to Issue (Check all applicable)     X Director 10% Owner Officer (give title)					wner
(Last)	,	,	Middle)	04/2	04/21/2010								Officer (give title below)			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	Form	filed by One	Repo	orting Pers	son
ı	SAN CLEMENTE CA 92673												Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)															
		Tab	le I - Non-Deri	vative S	Sec	uritie	s A	cquired,	Dis	osed	of, or E	Benefic	cially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,			e, Transaction Dispos Code (Instr. and 5)			urities Acc sed Of (D)		3, 4 Secur Bene Owne		icially d	Form (D) o Indir	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amou	nt (A	) or )	ice	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(msu. 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)	ivative Conversion Date urity or Exercise (Month/Day/Year) if any				ransaction Number 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.		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		piration te	Title	Amour or Number of Shares	er					
Non- Qualified Stock Option (right to buy)	\$33.52	04/21/2010	04/21/2010	A		1,500		04/21/201	04	/21/2020	Common Stock	1,500	\$3	33.52	1,500		D	

Explanation of Responses:

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.

 $<sup>^{\</sup>star}$  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).