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*     BRUMMETT BURCAR ALISON						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)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/01/2014									X Office below	er (give title v)		Other ( below)	specify		
951 CALLE AMANECER															Vice	ee President Product Develop			op		
(04							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN	SAN CA 02/73														X Form filed by One Reporting Person						
CLEME	CLEMENTE CA 92673														Form filed by More than One Reporting Person						
(City)	(SI	ate) (	Zip)												. 0.00						
		Tab	le I - N	lon-Deriv	ative S	Sec	urit	ies Ad	quired,	Dis	posed o	of, or E	ene	eficial	ly Owne	d					
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of and 5)						Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)		Price				str. 4)	(Instr. 4)		
Common	2014	014			M		666		1	\$0.0	) 2	2,199		D							
Common Stock 02/01/2					014			F		292	I	)	\$63.4	15 1	,907		D				
	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		if any	emed ion Date, /Day/Year)	4. Transact Code (In 8)			ivative urities juired or posed D)	6. Date Exe Expiration (Month/Da	Date	Amount of		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	ımber							
Non- Qualified Stock Option (right to buy) <sup>(1)</sup>	(2)	02/01/2014			М			333 <sup>(3)</sup>	02/01/2014	(4)	2/01/2013	Common	33	33(3)	\$0.0 <sup>(2)</sup>	333 <sup>(3)</sup>		D			

## **Explanation of Responses:**

- 1. These securities are Restricted Stock Units.
- 2. There is neither a purchase price nor an exercise price for the Restricted Stock Units.
- 3. As disclosed in the Reporting Person's Form 4 for the original grant of the RSUs, the award agreement for the RSU provided that the shares covered by the RSU were subject to increase in the event that the Company's adjusted TSR for 2012 equaled or exceeded certain thresholds. On January 31 2013, the Company's Compensation Committee determined that the Company's adjusted TSR for 2012 equaled or exceed the 75th percentile of the Company's peer companies. As a result, the shares covered by the Reporting Person's RSU increased by 200%. The share amounts reported in Table II for the RSU reflect the unadjusted share amounts, and the share amount reported in Table I reflects the number of shares covered by the RSU that have vested, as adjusted for the increase.
- 4. Vesting of any amount earned would be one-third on the anniversary date of the award; one-third of the award two years after grant, and the remaining one-third a year later, with the employee having to be employed by the Company at the time of any vesting.

By: Lynn DeMartini For: 02/03/2014 Alison D. Burcar

\*\* 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.