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* KOVALCHIK MICHAEL T (Last) (First) (Middle) C/O ICU MEDICAL INC 951 CALLE AMANECER (Street) SAN CLEMENTE 7 CA 92673 | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2004 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | eck all app X Direct Office below Individual company X Form Form | ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify below) vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
|---|--|------------|----------|----------------------------------|-------------|--|-----------------------------------|--|---|---------|---|-------------------------|--------------------------------|---|---|--|---|--|---|
| (City) | (Si | tate) (| Zip) | | - | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deri | vative S | Sec | uritie | s Ac | cquired, I | Disp | osed | of, or E | Benef | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Exe if a | Deeme ecution ny onth/Da | Date, | Transaction Dispos Code (Instr. and 5) | | | urities Ac sed Of (D | | | Secur Benef Owner | icially d | | ct (I) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amou | nt (A) or (D) | | Price | Repor Trans | ollowing eported ansaction(s) astr. 3 and 4) | | 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) | | | on Date, | 4. Transact Code (In 8) | tion Number | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 3. 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 | code V (A) | | (D) | Date Exp Exercisable Da | | iration e | Title | Amo or Num of Shar | ber | | | | | |
| Non- Qualified Stock Option (right to buy) | \$32.435 | 05/16/2004 | 05/10 | 05/16/2004 | | A 1,875 1 | | 11/16/2004 | 05/1 | 16/2015 | Common Stock 1,87 | | 75 | (1) | 1,875 | | D | | |

Explanation of Responses:

1. Purchase price is zero; no purchase price applies.

By: Lynn DeMartini For: Michael T. Kovalchik, III, M.D.

05/17/2004

** 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.