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

Name and Address of Reporting Person*     RIGGS STEVEN						2. Issuer Name <b>and</b> Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner						
(Last) 951 CAI	(Fi	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/20/2013										Offic	er (give title		Other below)	specify			
(Street)	Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
SAN CLEME	NTE CA	E CA 92673															Form filed by More than One Reporting Person					
(City)	(St	tate) (	Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,				Transaction Code (Instr.			Securities Acquired ( isposed Of (D) (Instr. 3 nd 5)				ount of ities icially d	Fori (D) ( Indi	irect (I)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amoun	nt (A) or (D)		Price	,  :	Repoi Trans	ollowing eported ansaction(s) estr. 3 and 4)		tr. 4)	(Instr. 4)					
Common Stock 05/20/20						)13			M		8,00	8,000		\$30	.09	11,508			D			
Common Stock 05/20/20									F		3,50	)8	D \$68		.62		8,000		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transact Code (In 8)	ion Number			6. Date Exe Expiration (Month/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					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)			
						. V (A)		(D)	Date Exercisable		piration te	or Nu of		ımber	ber							
Non- Qualified Stock Option (right to buy)	\$30.09	05/20/2013			M			8,000	06/04/2005	06/	/04/2013	Comm Stock		,000	(1	)	0		D			

## Explanation of Responses:

1. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn DeMartini For: Steven C. Riggs 05/20/2013

\*\* 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> 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).