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

Name and Address of Reporting Person* SHERMAN RICHARD MD					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]											p of Reporting Person(s) to Is blicable) stor 10% O				
(Last)	,	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/03/2010										Office	icer (give title ow)		Other (specify below)		
951 CALLE AMANECER				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								′ I	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form filed by One Reporting Person					
SAN CLEME	AN CLEMENTE CA 92673														Form filed by More than One Reporting Person					
(City)	(Si	tate) (Zip)																	
		Tab	le I - Non-Deri	vative S	Sec	uritie	s A	cquir	red, D	isp	osed	of, or E	enefic	ially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			e, Transaction Dispo- Code (Instr. and 5)			urities Acc sed Of (D)		3, 4 Secur Benef Owne		icially d	Form (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership		
								Co	ode	v	Amou	nt (A) or (D)		ce	Repor Trans			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (In 8)			ative ities red sed 3,	Expira	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 Derivativ Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership	
				Code	v	(A)	(D)	Date Exerc	cisable	Exp Date	iration	Title	Amount or Number of Shares							
Non- Qualified Stock Option (right to buy)	\$32.4	02/03/2010	02/03/2010	A		1,500		02/03	3/2011	02/0	3/2020	Common Stock	1,500	\$3	32.4	1,500		D		

Explanation of Responses:

By: Lynn DeMartini For:
Richard H. Sherman, M.D.

** Signature of Reporting Person

Date

02/03/2010

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.

 $^{^{\}star}$ 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).