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

					or Se	ction	30(h) of the	Investment	Cor	npany A	t of 194	-0						
Name and Address of Reporting Person* SAUCEDO JOSEPH R						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)						3. Date of Earliest Transaction (Month/Day/Year) $10/06/2016$										cer (give title		(specify	
951 CA	951 CALLE AMANECER					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)			
(Street) SAN CLEMENTE CA 92673															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) ((Zip)																
		Tab	le I - N	lon-Deriv	/ative	Sec	urit	ies A	cquired, l	Dis	posed	of, or	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Code (Instr.		4. Securities Acquired (AD Disposed Of (D) (Instr. 3 and 5)				Secur Bene Owne	ficially ed	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amoun	t (/	A) or ()	Price			(Instr. 4)	(Instr. 4)	
Commor	10/06/2				X		1,50	00	A	\$24.	17	3,848	D						
Common Stock 10/0					2016				S ⁽¹⁾		1,50	00	D	\$140.6		2,348	D		
Common Stock 10/06/2					2016)16			X	$\dashv \downarrow$		00	A	\$27.45		3,848	D		
Common Stock 10/06/20					2016)16			S ⁽¹⁾		1,50	00	D	\$140.6		2,348	D		
Common Stock 10/06/20									X		1,50	00	A	\$34.5	53	3,848	D		
Commor	Stock			10/06/2	2016				S ⁽¹⁾		1,50	00	D	\$140	.6	2,348	D		
		Ta	able II						uired, Dis s, options						Owned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date,	4. Transac Code (II 8)	tion	5. ion Number		6. Date Exercises Expiration Date (Month/Day/Year		ble and	7. Title Amoun Securit Underl Derivat	itle and bunt of urities erlying ivative urity (Instr. 3		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	or Nui of	ount mber ires					
Non- Qualified Stock Option (right to buy)	\$24.17	10/06/2016			x			1,500	(2)	04.	/21/2018	Commo Stock	n	0	\$24.17 ⁽³⁾	0	D		
Non- Qualified Stock Option (right to buy)	\$27.45	10/06/2016			x			1,500	(2)	07/	/21/2018	Commo Stock	n 1,:	500	\$27.45 ⁽³⁾	0	D		
Non- Qualified Stock Option (right to buy)	\$34.53	10/06/2016			х			1,500	(2)	10.	/20/2018	Commo Stock	n 1,:	500	\$34.53 ⁽³⁾	0	D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 30, 2015.
- 2. Options exercisable in four equal annual cumulative installments commencing one year after the grant date.
- 3. Transaction is the exercise of a derivative security; see Column 2.

By: Paula Darbyshire For: Joseph R. Saucedo

10/07/2016

** 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.