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*  LOPEZ GEORGE A					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner						
(Last) 951 CAI	(Fi	,	Middle)	)		3. Date of Earliest Transaction (Month/Day/Year) $10/12/2011$								X Office belo	eer (give title Other (specify below)  Chairman			ecify	
(Street) SAN CLEME	NTE CA	A 9	92673	3	4. I	Line)							ine) X Form Form	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)					Disposed C	. Securities Acquired (A) or disposed Of (D) (Instr. 3, 4 and )			Beneficially Owned		Direct	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)	(Instr.	4)	(Instr. 4	4)
Common	Common Stock 10/12/2011				10/12/2011		1	X		200	A	\$18.625 334,		119 D		)			
Common	Stock		1	10/12/2011		10/12	2/201	1	<b>S</b> <sup>(1)</sup>		200	D	<b>\$40</b>	0 333,919 D					
Common	Stock													1,186,843 I by Partner				ership <sup>(2)</sup>	
		Ta	able II	I - Derivat (e.g., p							posed of , converti								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	nversion Date Secution Date, (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		saction Number Expiration [				tion D				of Derivative Security (Instr. 5) Owned Follow Repor		ties Form: cially Direct or Indi ving (I) (Ins ted 4)		hip of Be D) Ov ect (In	. Nature Indirect eneficial wnership istr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$18.625	10/12/2011	10/	/12/2011	X			200	12/09/2	2003	12/09/2011	Common	200	(3)	74,	800	D		

## Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on March 7, 2011.
- 2. Common Stock owned by George A. Lopez M.D. Second Family Limited Partnership. Dr. Lopez holds a one-percent general partnership interest in the Partnership. As general partner, he has the power to vote and power to dispose of the 1,186,843 shares owned by the Partnership and may be deemed to be beneficial owner of such shares. The Partnership acquired the shares on 2/24/99 from Trusts for the benefit of the Lopez children, the Christopher George Lopez Children's Trust and the Nicholas George Lopez Children's Trust, which own a 99% limited partnership in the Partnership. Dr. Lopez is not trustee of and has no interest in the children's Trusts. Except to the extent of his undivided one percent general partnership interest in the assets of the Partnership, Dr. Lopez disclaims any beneficial ownership of the shares owned by the Partnership.
- 3. Transaction is the exercise of a derivative security; see Column 2.

By: Lynn DeMartini For: George A. Lopez, M.D.

10/12/2011

\*\* Signature of Reporting Person

n 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 ir	nformation contained in this form	n are not required to respond	unless the form displays a curre	ntly valid OMB Number.