FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

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hours per response:

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 [*] Lamb Scott E						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 951 CA	(F	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2013								x	Officer below)	give title	Trea	Other (s below) surer,	specify
(Street) SAN CLEMENTE CA 92673 (City) (State) (Zip)					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 Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				tion	ion 2A. Deemed Execution Date,			3. 4. Securi			ities Acquired (A d Of (D) (Instr. 3,		or 5. 4 S B	. Amou ecuriti senefici wned	unt of es ially	Form (D) o Indir	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) or (D)		e R	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)
			Table I						uired, Di , options					Owneo	ł				
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any			Date,	4. Transact Code (In 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Secu	vative	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour or Numbe of Shares	er					
Common Stock ⁽¹⁾	\$0.0 ⁽²⁾	02/06/2013			Α		2,047 ⁽³⁾		(4)	C)2/06/2016	Common Stock	2,047	³⁾ \$0	.0 ⁽²⁾	2,047 ⁽³⁾)	D	
Non- Qualified Stock Option (right to buy)	\$61.76	02/06/2013			A		23,624		(5)	C	02/06/2023	Common Stock	23,62	4 \$6	1.76	23,624		D	

Explanation of Responses:

1. These securities are Restricted Stock Units.

2. There is neither a purchase price nor an exercise price for the Restricted Stock Units.

3. If the Company's adjusted TSR for 2013 is equal or greater than the 33rd percentile of the peer companies (but less than 50%), 50% of the shares covered by the RSUs would be earned; at an adjusted TSR equal or greater than the 50th percentile of the peer companies, 100% of the shares shown above for the RSUs would be earned. Vesting of any amount earned would be one-third on the anniversary date of the award two years after grant, and the remaining one-third% a year later, with the employee having to be employed by the Company at the time the award was earned and at the time of any vesting.

4. Vesting of any amount earned would be one-third on the anniversary date of the award; one-third of the award two years after grant, and the remaining one-third a year later, with the employee having to be employed by the Company at the time of any vesting.

5. Options vest and are exercisable as to 25% of the underlying grant one year after the date of grant and in equal monthly installments thereafter for three additional years.

By: Lynn DeMartini For:	02/07/2013				
Scott E. Lamb	02/07/2013				
** 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.