FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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* CONNORS JOHN J (Last) (First) (Middle) C/O ICU MEDICAL 951 CALLE AMANECER (Street) SAN CA 92673					2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2004 4. If Amendment, Date of Original Filed (Month/Day/Year)									(Check	Officer (give title below) Other (specify below) Individual or Joint/Group Filing (Check Applicable ne)				
(City)		tate) (Zip)																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ive Securities Acquuts, calls, warrants,				3. Transaci Code (In 8) Code	v Amount (A) or (D) sposed of, or Benefic s, convertible securiti			quired (/ (Instr. 3	A) or i, 4	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			wnership n: Direct orect (I) r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution E if any (Month/Day	/Year) 8	Transact Code (In I)			ative ities ired sed 3, 5)	Expiration I (Month/Day	oiration e	Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount of Security (Instr. 3 of Shares		1		derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, F 0 (I 4	Ownership orm: birect (D) r Indirect) (Instr.)	of Indirect Beneficial Ownership (Instr. 4)	
Non- Qualified Stock Option (right to buy)	\$24.21	11/16/2004			A		1,875		05/16/2005	11/1	16/2015	Common Stock	1,875	5 \$2	24.21	1,875		D	

Explanation of Responses:

By: Lynn DeMartini For: John J. Connors 11/16/2004

** Signature of Reporting Person Dat

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.

^{*} 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).