FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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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

1. Name a	1	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 10% Owner										
(Last) (First) (Middle) 951 CALLE AMANECER						3. Date of Earliest Transaction (Month/Day/Year) 09/04/2007										X Officer (give title X Other (specify below)  Chairman / Chairman						
(Street) SAN CLEME	NTE C.	A 92673				4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(Si		Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/V						2A. Deemed Execution Date, if any (Month/Day/Year)			e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			d	5. Amount Securities Beneficial Owned Following	Form: (D) or Indirec		Direct Indirect Benefic		eficial ership	
										Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(111501. 4)		(matt. 4)		
Common		09/04/2007		09/04/2007			7	Х		541	A	\$5.5417		228,692		D						
Common Stock				09/04/2007		09/04/200			7	S		541	D	\$39		228,151		D				
Common													1,186,843		I		by Partnership <sup>(1)</sup>					
	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)	Exe if a				5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative rities rired r osed ) r. 3,	Expira	e Exer ation I h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		o E S	. Price of Derivative Security Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte Transa (Instr. 4	ive ies cially ing ed ction(s)	Owners Form: Direct (I or Indir (I) (Instr 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Cod	le	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r							
Non- Qualified Stock Option (right to buy)	\$5.5417	09/04/2007			2	X			541	01/30	/1999	01/31/2008	Commor Stock	541		(2)	(	)	D			

## Explanation of Responses:

1. 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.

2. Transaction is the exercise of a derivative security; see Column 2.

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

09/04/2007

\*\* Signature of Reporting Person Date

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).