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

| 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 | st) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2014 | | | | | | | | | X Officer (give title Other (sp below) below) Secretary, Treasurer, | | | pecify | |
| (Street) SAN CLEMENTE CA 92673 (City) (State) (Zip) | | | | | 4. If A | 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 | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | ction | /Year) Execution Date, if any | | | 3. 4. Secur | | | f, or Beneficial ities Acquired (A) or d Of (D) (Instr. 3, 4 | | 5. Amou Securiti Benefici Owned | int of es ally | Form (D) o Indir | n: Direct | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | | | | v | Amount | (A) or (D) Price | | Reporte Transac | Following (Ins Reported Transaction(s) (Instr. 3 and 4) | | r. 4) | (Instr. 4) | |
| | | | Table | | | | | | uired, Dis , options, | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transact Code (In 8) | | ion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned Followin Reported Transacti (Instr. 4) | e s ally g | Ownershij Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to huy) | \$ 58.79 | 02/24/2014 | | | A | | 100,000 | | (1) | 0 | 2/24/2024 | Common Stock | 100,000 | \$58.79 | 100,0 | 00 | D | |

Explanation of Responses:

1. Twenty-five percent of the shares shall vest on each of the first, second, third, and fourth anniversaries of the grant date. Fifty percent of the vested shares shall become exercisable if, during the term of the option, the closing price of the Company's common stock is equal to or more than one-hundred and twenty-five percent of the exercise price per share for thirty consecutive trading days. The remaining fifty percent of the vested shares shall become exercisable if, after the date of award and on or before the expiration date, the closing price of the Company's common stock is equal to or more than one-hundred and fifty percent of exercise price for 30 consecutive trading days.

| By: Lynn DeMartini For: |
|-------------------------|
| Scott E. Lamb |

02/26/2014

** 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.