FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | VAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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

| Name and Address of Reporting Person* BROWN JACK | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|--|-------------------------------|--|---|---|--|----------------------------|--------------------------|---|----------------|---|---|--------------------------------------|--|--|--|--|--|
| (Last) | ` | , | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2014 | | | | | | | | | A | | er (give title | | (specify | |
| 951 CAI | 951 CALLE AMANECER | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | • | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | son |
| SAN CLEME | NTE C. | A 9 | 92673 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-l | Deriva | ative S | Sec | uritie | s Ac | cquired, [| ispo | sed o | of, or B | enefic | ially C | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | | | Exe if a | A. Deemed Execution Date, fany Month/Day/Year | | Transaction Code (Instr. | | | Securities Acquired sposed Of (D) (Instr. ed 5) | | 4 Secur | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v / | Amoun | (A) | or Pri | Repo Price Tran | | | | ,, | |
| | 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 | Date E (Month/Day/Year) if | 3A. Deemed Execution Date, if any (Month/Day/Year | ate, T | 4. Fransacti Code (In: β) | | | itive ities red | 6. Date Exercisable an 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) | ative rity | Beneficially Owned Following Reported | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | of (D) (Instr. | 3, | | | | and 4) | • | | | Transaction(| | |
| | | | | | Code | v | of (D) (Instr. | 3, 5) | Date Exercisable | Expir: Date | ation | and 4) | Amoun or Numbe of Shares | r | | Transaction(| | |
| Common Stock ⁽¹⁾ | (2) | 06/09/2014 | | C | Code A | v | of (D) (Instr. 4 and | 3, 5) | | | ation | | Amoun or Numbe of | r |) | Transaction(| | |

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.

By: Diana Lansden For: Jack W. Brown

06/11/2014

** 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.