FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name **and** Ticker or Trading Symbol

1. Name and Address of Reporting Person* McGrody Kevin J						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								(Ched	ationship of Reportin k all applicable) Director Officer (give title		ng Person(s) to Iss 10% O Other (s		wner	
(Last) 951 CAI	(Last) (First) (Middle) 951 CALLE AMANECER					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2021								X	below)				,	
(Street) SAN CLEMENTE CA 92673					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	state)	(Zip)																	
			ble I - Nor			_				Dis		-								
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.					Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock ⁽¹⁾		03/06/2021 M 671 A \$0.0					3,002		D										
Common	Stock			03/0	06/202	21			F		353	D	5	\$0.0	2,6	549	D			
Common	mmon Stock ⁽¹⁾				/06/2021				М		1,011	. A	5	\$0.0	3,660		D			
Common	ommon Stock				/06/2021				F		532	D		\$0.0	3,128		D			
Common	Stock ⁽¹⁾			03/0	6/202	21			M 886 A \$0.0 4,014 D											
Common	ommon Stock 03/0				06/202	21			F		466	D		\$0.0	3,548			D		
			Table II -						,		osed of, onvertib			•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	d Date,	4. Transa Code (8)	ction	5. Number of 6 Derivative		6. Date E Expiratio (Month/D	xercis	sable and e	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha	nber		(Instr. 4)				

(3)

(3)

(3)

(3)

Explanation of Responses:

Common

Stock⁽¹⁾

 $\mathsf{Stock}^{(1)}$

Common Stock⁽¹⁾

Stock Common

1. These securities are Restricted Stock Units.

\$0.0⁽²⁾

(2)

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

03/08/2021

03/06/2021

03/06/2021

03/06/2021

3. One third of the units subject to the award shall vest on each of the first, second, and third anniversaries of the grant date.

By: Paula Darbyshire,

03/09/2021 Attorney-in-fact For: Kevin J.

McGrody

Common

Stock

Commo

Stock

Stock

2,525

671

1,011

886

\$0.0

\$0.0

2,525

0

1,011

1,773

D

D

D

D

03/08/2024

03/06/2021

03/06/2022

03/06/2023

** 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).

A

M

M

2,525

671

1,011

886

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.