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

Name and Address of Reporting Person*     BROWN JACK				ICU 3. Dat	Issuer Name and Ticker or Trading Symbol     ICU MEDICAL INC/DE [ ICUI ]     3. Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10% Or Officer (give title Other (s					wner	
(Last)	,	,	Middle)	02/03	010								below)			below)			
951 CALLE AMANECER					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line) $X$ Form filed by One Reporting Person					
SAN CLEME	SAN CLEMENTE CA 92673													Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																
		Tab	le I - Non-Deri	vative S	Sec	uritie	s A	cquired,	Disp	osed	of, or E	enefic	ially (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution Date,				Code (Instr. and 5)				4 Secur Bene Owne		icially d	Form (D) o Indir	ect (I)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amou	nt (A	) or Pri	ice	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
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)	Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				Fransaction Number Code (Instr. of			Expiration Date Amou (Month/Day/Year) Secul Unde Deriv Secul			7. Title a Amount Securitie Underlyi Derivativ Security and 4)	int of rities rlying ative rity (Instr. 3		ice vative rrity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: y Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership	
				Code	v	(A)	(D)	Date Exercisabl		piration te	Title	Amoun or Numbe of Shares							
Non- Qualified Stock Option (right to buy)	\$32.4	02/03/2010	02/03/2010	A		1,500		02/03/2011	02/	03/2020	Common Stock	1,500	\$33	2.4	1,500		D		

Explanation of Responses:

By: Lynn DeMartini For: Jack W. Brown

\*\* 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.

 $<sup>^{\</sup>star}$  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).