FORM 4

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

Washington, D.C. 20549

OMB APP	ROVAL
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*     LOPEZ GEORGE A				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 X 10% Owner							
(Last)	(Fi	•	Middle)		3. Dat 02/0			Tran	saction (Mo	onth/	Day/Year)	)		X	Officer below)	give title Chai	rmar	Other (s below)	specify
(Street)	LLL AWA	CECER			4. If A	men	ıdment, D	ate	of Original	Filed	I (Month/D	ay/Year)		6. In		Joint/Group			pplicable
SAN CLEME	NTE C.	A 9	92673											X		iled by One iled by More า		•	
(City)	(S	tate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)				Execution Date,			3. Transaction Code (Instr. 8) 4. Securi Disposed and 5)						5. Amou Securiti Benefic Owned Followi	es ially	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pi	rice	Reporte Transac (Instr. 3	ed ction(s)	(III)	4)	(111311. 4)
			Table						uired, Di , options	•				y Ow	/ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transact Code (In 8)		5. Numb of Derivativ Securitic Acquire (A) or Dispose of (D) (Instr. 3, and 5)	ve es d	6. Date Ex Expiration (Month/D	n Dat	е	7. Title and Amount Securiti Underly Derivati Security and 4)	of es ing ve		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amo or Num of Shar	ber					
Non- Qualified Stock Option (right to buy)	\$46.53	02/01/2012	02/01	/2012	A		88,857		(1)	0	2/01/2022	Common	88,8	857	\$46.53	88,857	,	D	
Non- Qualified Stock Option (right to	(3)	02/01/2012			A		8,409 <sup>(4)</sup>		(5)	0	2/01/2013	Common	8,40	)9 <sup>(4)</sup>	\$0.0 <sup>(3)</sup>	8,409 <sup>(4</sup>	1)	D	

## **Explanation of Responses:**

- 1. Options vest and are exercisable as to 25% of the underlying grant one year after the date of grant and in equal monthly installments thereafter for three additional years.
- 2. These securities are Restricted Stock Units.
- 3. There is neither a purchase price nor an exercise price for the Restricted Stock Units.
- 4. If the Company's adjusted TSR for 2012 is equal or greater than the 33d percentile of the peer companies (but less than 50%), 50% of the shares covered by the RSUs would be earned; if adjusted TSR for the Company is equal or greater than the 75th percentile of the peer companies, 200% of the shares shown above for the RSUs would be earned. Vesting of any amount earned would be 33% on the anniversary date of the award; 33% of the award two years after grant, and the remaining 33% a year later, with the employee having to be employed by the Company at the time the award was earned and at the time of any vesting.
- 5. Vesting of any amount earned would be 33% on the anniversary date of the award; 33% of the award two years after grant, and the remaining 33% a year later, with the employee having to be employed by the Company at the time of any vesting.

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

02/03/2012

\*\* Signature of Reporting Person

n Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.