FORM 4

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

Washington, D.C. 20549

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).

## 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*  Lamb Scott E						2. Issuer Name and Ticker or Trading Symbol  CU MEDICAL INC/DE [ ICUI ]									elationsh eck all app Dired	plicable)	ting Person(s) to Issuer			
(Last) 951 CA	`	(First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 03/27/2017									ncial O	Other (specify below) al Officer,		
(Street) SAN CLEME	SAN CLEMENTE CA 92673						4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tab	le I - N	on-Deriv	vative S	Sec	uritie	s Ac	quired, [	Disp	osed	of, or B	enef	icial	y Own	ed				
1. Title of Security (Instr. 3)  2. Transacting Date (Month/Day/						Execution Date,				3. Transaction Code (Instr. 8)					Secur	icially d	6. Own Form: (D) or Indired (Instr.	Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amou	nt (A	or	Price		rted action(s) . 3 and 4)	Ì	,	, ,	
	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	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transact Code (In 8)		ion Number		6. Date Exer Expiration I (Month/Day	ate		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		0 5 (1	. Price f lerivative lecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable	Exp Dat	oiration e	Title	Amor or Numl of Share	ber						
Common Stock <sup>(1)</sup>	\$0.0 <sup>(2)</sup>	03/27/2017 <sup>(3)</sup>			A		1,778		(4)	12/3	31/2019	Common Stock	1,7	78	\$0.0 <sup>(2)</sup>	1,778		D		
Common Stock <sup>(1)</sup>	\$0.0 <sup>(2)</sup>	03/27/2017 <sup>(3)</sup>			A	Γ	1,778		(5)	03/2	27/2020	Common Stock	1,7	78	\$0.0 <sup>(2)</sup>	1,778		D		

## **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.
- 3. The executive officers were notified of their awards by the Registrant on March 30, 2017.
- 4. The vesting for this performance-based restricted stock unit ("PRSU") award is dependent upon the reporting person's earning PRSUs based on the achievement of performance criteria related to the Company's fiscal year 2019 Cumulative Adjusted EBITDA in comparison to the fiscal year 2016 Adjusted EBITDA. The number of shares reported is the target award amount. The reporting person may potentially earn PRSUs ranging from 100% to 300% of the target award amount.
- 5. 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, Attorney-in-fact For: Scott E. 04/03/2017 Lamb

\*\* 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.