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

1. Name and Address of Reporting Person* LOPEZ GEORGE A (Last) (First) (Middle) 951 CALLE AMANECER					ICU 3. Dat	Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] Date of Earliest Transaction (Month/Day/Year) 08/06/2003									Relationship of Reporting Person(s) to Isheck all applicable) X Director X 10% O X Officer (give title below) below) Chairman, Pres., CEO				Owner (specify	
(Street) SAN CLEMEN (City)			2673 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indivi ne) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - N	lon-Deriv	ative S	Secu	ıritie	es Acc	uired,	Dis	posed of	f, or	Ben	eficia	ally (Owned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					y/Year)	Execution Date,						ities Acquired (A d Of (D) (Instr. 3				5. Amount of Securities Beneficially Owned Following	For (D)	Ownership rm: Direct or lirect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		Code	v	Amount	(A (E				() or ()	Price	.	Reported Transaction(s) (Instr. 3 and 4)								
Common	003				P		100		A	\$24.55		100		D						
Common Stock 08/06/20						003			P		900		A	\$24.65		900		D		
	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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. 8) Sec (A) Dis of (posed D) tr. 3, 4	6. Date E. Expiratio (Month/D		Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numb of		nstr.	8. Pr of Deriv Secu (Instr	derivative Securities rity Beneficial	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

George A. Lopez, M.D.

08/06/2003

** 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.

 $^{^{\}star}$ 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).