## 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 <sup>*</sup> SHERMAN RICHARD MD						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)					3. Date of Earliest Transaction (Month/Day/Year) 07/20/2011										X Director Officer (give title below)			10% Owner Other (specify below)			
SIT CALLE AMANECEK						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CA 92673 CLEMENTE														2	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			Code (Instr.			4. Securities Acquired ( Disposed Of (D) (Instr. and 5)				Secur	icially d	6. Owne Form: D (D) or Indirect (Instr. 4	irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										ode	v	Amou	mount (		Price	Repor Trans	Reported Transaction(s) (Instr. 3 and 4)			(1150.4)	
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)	2. Conversion or Exercise Price of Derivative Security	2. Conversion or Exercise Price of Derivative 3. Transaction Date (Month/Day/Year) 34. Deemed Execution Date, if any (Month/Day/Year)		C	ransact ode (In	on Number I			Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		0 D S (I	. Price f erivative ecurity 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)	
				c	ode	v	(A)	(D)	Date Exerci	isable	Exp	oiration e	Title	Amo or Num of Shar	ber						
Non- Qualified Stock Option (right to buy)	\$43.62	07/20/2011	07/20/2011		A		1,500		07/20	)/2012	07/2	20/2021	Commo Stock	<sup>n</sup> 1,5	00	\$43.62	1,500		D		

Explanation of Responses:

## By: Lynn DeMartini For: Richard H. Sherman, M.D.

07/21/2011

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.