SEC Form 4

FORM 4

Check this box if no longer subject

| UNITED STATES | SECURITIES | AND | EXCHANGE | COMMISSION |
|----------------------|------------|-----|----------|------------|
| | 14/ | | 0540 | |

Washington, D.C. 20549

OMB APPROVAL

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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* Sanzone Virginia Ruth | | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>ICU MEDICAL INC/DE</u> [ICUI] | | ionship of Reporting Po all applicable) Director | 10% Owner |
|---|--------------------|----------|---|-----------------------------|--|-------------------------------------|
| (Last) 951 CALLE AN | (First) MANECER | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/08/2024 | V | Officer (give title below) VP, General (| Other (specify below) Counsel |
| (Street) SAN CLEMENTE | СА | 92673 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) | idual or Joint/Group Fili Form filed by One Re Form filed by More th Person | porting Person |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See | to a contra- Instruction | ct, instruction or written pl 10. | lan that is intended to |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------------------------------|---|--|---|--|--|---|--|
| | | | Code | v | Amount (A) or Price | | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 08/08/2024 | | S ⁽¹⁾ | | 2,050 | D | \$ 144.1102 ⁽²⁾ | 4,482 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|--|--|-------|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 14, 2023.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$143.48 to \$145.00, inclusive. The reporting person undertakes to provide ICU Medical, Inc., any security holder of ICU Medical, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this Form 4.

By: Paula Darbyshire,

Attorney-in-fact For: Virginia 08/08/2024 Sanzone

** 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.

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).