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* SHERMAN RICHARD MD | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] | | | | | | | | | | k all app | p of Reporting Person(s) to Is olicable) etor 10% Ov | | | | |
|---|--|--|---|----------------------------------|--|--------|--|----------------|---------|--------------------------|---------|---|---|---|--|---|--|------|-------------------------|--|
| (Last) | , | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2009 | | | | | | | | | Offic belov | cer (give title ow) | | Other (specify below) | | | |
| 951 CALLE AMANECER | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | · I | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form filed by One Reporting Person | | | | | |
| SAN CLEME | NTE C | A 9 | 92673 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative S | Sec | uritie | s A | cquir | red, C | isp | osed | of, or E | enefic | ially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | | e, Transaction Dispos Code (Instr. and 5) | | | urities Ac sed Of (D) | | 3, 4 Secur Bene Owne | | icially d | Form (D) or | ect (I) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Co | ode | v | Amou | nt (A) or Pri | | ice | Repor | ollowing eported ransaction(s) nstr. 3 and 4) | | . 4) | (Instr. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (In 8) | | | ative ities red sed 3, | 5 | | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Der Sec | Price rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership | |
| | | | | Code | v | (A) | (D) | Date Exerci | cisable | Exp Date | iration | Title | Amoun or Numbe of Shares | r | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$32.07 | 02/04/2009 | 02/04/2009 | A | | 1,500 | | (1 | (1) | 02/0 | 04/2019 | Common Stock | 1,500 | \$3 | 32.07 | 1,500 | | D | | |

Explanation of Responses:

 $1.\ Options\ exercisable\ in\ four\ equal\ annual\ cumulative\ installments\ commencing\ one\ year\ after\ the\ grant\ date.$

By: Lynn DeMartini For: Richard H. Sherman, M.D. 02/04/2009

** 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.