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 [*] KOVALCHIK MICHAEL T | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|--|---|---|---------------|------------------------------|--|-------|--------------------|---------------------------------|--|---|-----------------|--|---|---|--|---|--|---|--|
| (Last) | t) (First) (Middle) | | | lle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/28/2013 | | | | | | | | | Direc Offic belov | er (give title | 0 | 10% Owner Other (specify below) | | |
| 951 CALLE AMANECER | | | | | 4. lf | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | , | Form filed by One Reporting Person | | | | | |
| SAN CA 92673 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | City) (State) (Zip) | | | | ~ | | | | | | | | | | | | | | | |
| | | Tab | le l | - Non-Deriv | vative | Sec | curit | ties A | cquire | d, C | Disposed | of, or E | Benefici | ally O |)wne | ed | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day/Yea | | | | | ear) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 | | | and 5) Securities Beneficial Owned | | ities ficially d | 6. Owners Form: Dir (D) or Indirect (I | ect i | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | | | | v | Amount | (A) or (D) | Price | | | | (Instr. 4) | | (Instr. 4) | | |
| Common Stock 10/28/2013 | | | | | 3 | | | х | | 1,875 | A | \$39.5 | 9.555 | | 6,576 | D | | | | |
| Common Stock 10/28/2013 | | | | | 3 | | | S | | 1,875 | D | \$63.0 1 | .0113(1) | | 4,701 | 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) | | | ; | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ship (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | ode V (A) (D) | | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$39.555 | 10/28/2013 | | | х | | | 1,875 | 05/18/2 | 2003 | 11/18/2013 | Common Stock | 1,875 | (2) |) | 0 | D | | | |

Explanation of Responses:

1. The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$62.93 to \$63.09, 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.

2. Transaction is the exercise of a derivative security; see Column 2.

| By: Lynn DeMartini For: | |
|----------------------------|--|
| Michael T. Kovalchik, III, | |
| M.D. | |

10/28/2013

** 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.