FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| 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* Lamb Scott E | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|------------|-------------------------------|--|---------|----------------------------------|--|--|----------------|--|---------------------------------------|--|--|---|---|--|----|
| (Last) | (Fi | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2008 | | | | | | | | X | | r (give title | rollei | Other (s | |
| (Street) SAN CLEME (City) | NTE C. | A g | Zip) | vative S | Sec | urities | s Acc | . | | osed (| of, or E | enefic | X | Form Form Perso | d | Repo | orting Perso | on |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | | 3. Transact Code (In 8) | | 4. Securities Acquired Disposed Of (D) (Instituted and 5) Amount (A) or (D) | | (Instr. 3, | | | ies cially ing | Form: [(D) or Indirec (Instr. 4 | | 7. Nature of Indirect Beneficial Ownership (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) | | Transaction Code (Instr. B) S | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Price erivative ecurity estr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , E | 0. Dwnership Form: Direct (D) or Indirect I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | piration te | Title | Amour or Number of Shares | er | | | | | |
| Non- Qualified Stock Option (right to buy) | \$25.51 | 03/11/2008 | 03/11/2008 | A | | 10,000 | | 03/11/2013 | 03. | /11/2018 | Common Stock | 10,00 | 00 | \$25.51 | 10,000 | | D | |

Explanation of Responses:

By: Lynn DeMartini For: 03/12/2008

** 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.

^{*} 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).