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 [*] SAUCEDO JOSEPH R						2. Issuer Name and Ticker or Trading Symbol <u>ICU MEDICAL INC/DE</u> [ICUI] 3. Date of Earliest Transaction (Month/Day/Year)									k all ap Direo			10% O	wner	
(Last) (First) (Middle)					02/05/2015										Officer (give title below)		Other (specify below)			
951 CALLE AMANECER						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														Form	Form filed by One Reporting Person					
SAN CA 92673														Forn Pers	n filed by Mor on	re tha	an One Rep	orting		
(City)	(S	tate) (Zip)																	
		Tab	le I - I	Non-Deriv	/ative	Sec	curit	ties A	cquired,	Dis	posed	of, or l	Benefi	cially	Own	ed				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/						Execution Date,			3. Transact Code (Ins 8)			rities Acc ed Of (D)		, 4 and Secu		ficially	For (D) Indi	Ownership m:Direct or irect (I) str.4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amoun	t (A) (D)	or Prio	ce	Repo Trans			su : 4)	(1130. 4)	
Common Stock 02/05/20					015	15			X		1,87	5 A	\$3	1.195		2,815		D		
Common Stock 02/05/20					015	15			S ⁽¹⁾		1,875 D) \$8	3.53		940		D		
		Та	able I	I - Derivat (e.g., p	tive Se uts, ca	ecui alls,	ritie , wa	s Acq rrants	uired, Di , option	spo s, c	osed of onverti	, or Be ible se	neficia curitie	ally O s)	wned	l				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date,	4. Transacti Code (Ins 8)				6. Date Exercisa Expiration Date (Month/Day/Yea			Amount Securiti Underly Derivati			Price ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	/	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ie V (A)		(D)	Date Exercisable		cpiration ate	Title	Amour or Numb of Shares	er						
Non- Qualified Stock Option (right to buy)	\$31.195	02/05/2015			x			1,875	10/16/2004	04	1/16/2015	Commor Stock	1,87	5	(2)	0		D		

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on November 12, 2013.

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

By: Lynn Ehrhart For: Joseph 02/05/2015

R. Saucedo

** 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.