FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

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* LOPEZ GEORGE A | | | | | 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 | | | | | |
|--|---|--|---|--|---|--------|--|-----------------|--------------------------------|------------------------------------|-------------------------|---|--|---|---|------------|--|---------------------|--|
| | MEDICAI | | Middle) | | . Date 06/08 | | | est Tra | insacti | ion (Mo | nth/Day/Yea | | X below | Officer (give title below) X Othe below) Other Chairman / Chairman | | | | pecify | |
| 951 CALLE AMANECER (Street) SAN CA 92673 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| CLEME (City) | NTE | | Zip) | - | | | | | | | | | | Perso | n | | | - | |
| | | Tab | le I - Non-Deri | vati | ve S | ecu | ıriti | es A | cquii | red, D | Disposed | of, or E | Benefici | ally Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year | | | · c | ransa ode (l | | 4. Securities Disposed Of 5) | | | nd Securities Beneficially Owned | | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | c | ode V | | Amount | (A) or (D) Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | |
| Common Stock | | | 06/08/200 | 4 06/08 | | 08/ | /2004 | | X | | 11,500 | A | \$5.5417 | 25,522 | | D | | | |
| Common Stock | | 06/08/200 | 4 06/08 | | 08/ | 3/2004 | | S | | 11,500 D | | \$35 | 14,022 | | D | | | | |
| Common Stock | | | | | | | | | | | | | 1,186,843 | | I | | by Partnership ⁽¹⁾ | | |
| Common Stock | | | | | | | | | | | | | 23,22 | 3 | I | | by T | rust ⁽²⁾ | |
| | | T | able II - Deriva (e.g., p | | | | | | | | sposed of , converti | | | | | | | | |
| 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) | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | Expiration (Month/Day is | | | 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(s (Instr. 4) | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | ie | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$5.5417 | 06/08/2004 | 06/08/2004 | 2 | x | | | 11,500 | 01/3 | 80/1999 | 01/31/2008 | Common | n 11,500 | \$35 | 27: | 5,000 | Б |) | |

Explanation of Responses:

- 1. Excludes 22,959 shares held by Diana K. Lopez, M.D. Dr. Loez disclaimis any beneficial interest in the shares held by his wife.
- 2. Common Stock owned by Lopez Family Trust. Drs. Lopez are trustees and beneficiaries of the Family Trust. Except to the extent of their peciuniary interests as beneficiaries of the Family Trust, Drs. Lopez disclaim any beneficial ownership of the shares owned by the Family Trust.

By: Lynn DeMartini For: George A Lonez M D

06/09/2004

George A. Lopez, M.D.

** 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.