## 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 <sup>*</sup> COSTELLO RICHARD 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) Director 10% Owner				
(Last) (First) (Middle) 951 CALLE AMANECER						3. Date of Earliest Transaction (Month/Day/Year) 11/01/2013								X Officer (give title Other (specify below) below) Vice President Sales				
(Street) SAN CLEMENTE CA 92673				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Form Form	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Si	tate) (Zip)																
Table I - Non-Deriva           1. Title of Security (Instr. 3)         2. Transaction Date (Month/Day/Yea)					n 2A Ex ear) if	2A. Deemed Execution Date,			3. Transac Code (Ir 8)	tion	4. Securities Acquired (A) c Disposed Of (D) (Instr. 3, 4			5. Am 5) Secur	ount of ities icially		Direct	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Repor Trans	Following Reported Transaction(s) (Instr. 3 and 4)		. 4)	(Instr. 4)
Common Stock 11/01/2013					3				х		6,116	Α	\$43.6	2 1	0,823	823 D		
Common Stock 11/01/2013					.3				х		10,000	A	\$43.1	2 2	0,823		D	
Common Stock 11/01/2013					.3			S		20,538	D	\$61.003	5(1)	285		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)	Exe if a	Deemed Incution Date, ny Inth/Day/Year)	4. Transa Code (I 8)			er 6. Date Exer Expiration I e (Month/Day s		Date	7. Title a Amount Securitie Underlyi Derivativ Security and 4)	of es ng re	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$43.12	11/01/2013			X			10,00	0 (2	2)	02/02/2021	Common Stock	10,000	(3)	5,000		D	
Non- Qualified Stock Option (right to buy)	\$43.62	11/01/2013			x			6,110	5 (2	2)	07/20/2021	Common Stock	6,116	(3)	8,884		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 \$60.70 to \$61.27, 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. Options vest and are exercisable as to 25% of the underlying grant one year after the date of grant and in equal monthly installments thereafter for three additional years.

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

## By: Lynn DeMartini For: Richard A. Costello

11/04/2013

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.