FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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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*     KOVALCHIK MICHAEL T						Issuer Name and Ticker or Trading Symbol     ICU MEDICAL INC/DE [ ICUI ]      Date of Earliest Transaction (Month/Day/Year)									heck al	nship of Repo applicable)		10% C	Owner
(Last)	(Fir	, , ,			04/21/2004										Officer (give title below)		Other below)	(specify	
C/O ICU MEDICAL INC 951 CALLE AMANECER						4. If Amendment, Date of Original Filed (Month/Day/Year)									ne)	vidual or Joint/Group Filing (Check Applicable			
(Street) SAN CLEMENTE CA 92673															F	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	City) (State) (Zip)																		
		Tabl	e I - N	lon-Deriv	ative \$	Secu	ırities	Acc	quired,	Dis	posed of	f, or	Bene	eficia	lly O	vned			
1. Title of Security (Instr. 3)				2. Transact Date (Month/Day	.	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)				Se Be	Amount of curities eneficially wned	F: (E	Ownership orm: Direct 0) or direct (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (C	) or )	Price	R/ Ti	ellowing eported ansaction(s) estr. 3 and 4)	(II	nstr. 4)	(Instr. 4)
Common Stock 04				04/21/2	/2004 04		04/21/2004		S		200		D	\$33.	33	8,862		D	
Common Stock				04/21/2004		04/21/2004		S		600		D	\$33.29		8,262		D		
Common Stock 04/				04/21/2	2004 04		4/21/2004		S		2,500		D	\$33.28		5,762		D	
Common Stock 04/2				04/21/2	004 04/21/		/21/200	04	S		200		D	\$33.	27	7 5,562		D	
Common Stock																500		I	by Son <sup>(1)</sup>
		Та	ble II	- Derivati (e.g., pu							sed of, o				y Owr	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut			ction nstr.			6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivat Securit (Instr.	derivative Securitie y Beneficia	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mber ares	er				

## **Explanation of Responses:**

1. Held by Reporting Person's son as joint tenants with rights of survivorship.

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

\*\* Signature of Reporting Person

04/21/2004

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).