FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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* CONNORS JOHN J						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]										ip of Reporting Person(s) plicable) ctor 10		o Issuer 5 Owner	
(Last)								3. Date of Earliest Transaction (Month/Day/Year) 04/16/2005								Officer (give title below)		er (specify w)	
C/O ICU MEDICAL 951 CALLE AMANECER						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CLEME														X	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Zip)																
		Tab	le I - N	on-Deriv	ative S	Sec	uritie	s A	cquired, l	Disp	osed	of, or E	Benefi	cially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			Code (Ir	Transaction Disposed Of (D) (Ins Code (Instr. and 5)				. 3, 4 Secui		icially d	6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4)		
									Code	v	Amou	nt (A)	or F	Price	Repor		()	(
	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst		on Number I		6. Date Exercisab Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (I and 4)		of s ng e (Instr.:	of Dei Sec (Ins	Price erivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amou or Numb of Share	er					
Incentive Stock Option (right to buy)	\$32.92	04/16/2005			A		1,875		10/16/2005	04/	16/2016	Common Stock	1,87	' 5 \$	32.92	1,875	D		

Explanation of Responses:

By: Lynn deMartini For: John J. Connors 04/19/2005

** Signature of Reporting Person Dat

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).