FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| <i>N</i> ashington, | D.C. | 20549 |
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| Check this box if no longer subject to | |
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| Section 16. Form 4 or Form 5 | |
| bligations may continue. See | |
| actruction 1(h) | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Sanzone Virginia Ruth (Last) (First) (Middle) 951 CALLE AMANECER | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2020 | | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title below) below) VP, General Counsel | | | | | |
|--|--|--|--|--------|------------------------------|--|-----|-----------------------------------|--|---------------------|---|----------------------|--|--------------------------------|--|--|---|---|--|---------------------------------------|--|
| (Street) SAN CLEME | | | 92673 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Oity) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | action | ction 2A. Deeme | | | 3. Transaction Code (Instr. | | 4. Secur Dispose | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | | 5. Amou Securiti Benefic | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | | | | | | |
| Common Stock 03/27 | | | | | 7/2020 | '2020 | | | | M | | 593 | | A | \$0.0 | 0 1,809 | | D | | | |
| Common Stock 03/27/ | | | | | 7/2020 |) | | | | F | | 312 | | D | \$0.0 | 1,497 | | 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) | 3A. Deemed Execution D if any (Month/Day/ | Date, | 4. Transa Code (8) | | of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | cpiration ate | Title | | Amount or Number of Shares | | | | | | |
| Common | \$0.0 ⁽²⁾ | 03/27/2020 | | T | M | | | 593 | | (3) | 03 | 3/27/2020 | Com | imon | 593 | \$0.0 | 0 | | D | | |

Explanation of Responses:

- 1. These securities are Restricted Stock Units.
- 2. There is neither a purchase price nor an exercise price for the Restricted Stock Units.
- 3. One third of the units subject to the award shall vest on each of the first, second, and third anniversaries of the grant date.

By: Paula Darbyshire,

03/30/2020 Attorney-in-fact For: Virginia

Sanzone

** 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.