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 | | (- | ., 0 | | | inpany Act | 0 | | | | | | | |
|--|---|--|----------|-----------------------|--|---|-------------------------------|--------------|-----------------------------------|--|--------------------|---|--|--|---|------------------------------|---|----------------------------------|--|
| Name and Address of Reporting Person* Jain Vivek | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI] | | | | | | | | eck all a | pplicable | | erson(s) to Is | | |
| (Last) 951 CA | (Fi | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2017 | | | | | | | | v Of | Officer (give title | | 10% Owner Other (specify below) | | |
| (Street) SAN CLEMENTE CA 92673 (City) (State) (Zip) | | | | | | 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 Person | | | | | |
| (0.13) | | | | lon Doris | rotivo | S 0 0 | | ioo Ao | nuirad | Dia | nacad a | f or Po | noficial | IIv Ow | | | | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | | 2. Transac Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. 4. Transaction Code (Instr. an | | 4. Securi | sed of, or Beneficia . Securities Acquired (A) of bisposed Of (D) (Instr. 3, 4 and 5) | | | r 5. Amount of Securities Beneficially Owned | | m: Direct or irect (I) | of Indirect Beneficial Ownership | |
| | | | | | | | | | Code V | | Amount | (A) o (D) | r Price | Rep | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | (Instr. 4) | |
| Common Stock ⁽¹⁾ | | | | 02/11/2 | 2017 | | | | M | | 5,493 | A | \$0.0 |) | 56,309 | | D | | |
| Common Stock | | | 02/11/2 | 017 | | | | F | | 2,476 | D | \$145 | .7 | 53,833 | | D | | | |
| Common Stock ⁽¹⁾ | | | 02/13/2 | 2017 |)17 | | | M | | 22,68 | 0 A | \$0.0 | | 76,513 | | D | | | |
| Common Stock 02/1 | | | | 02/13/2 | 2017 | | | | F | | 11,83 | 5 D | \$146 | .1 | 64,678 | | D | | |
| | | | Tab | le II - Deri .e.q. | | | | | | | sed of, o | | | wned | | | | | |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | ion Date, | | l. Fransaction Code (Instr. | | 5. Number of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivat Securit (Instr. ! | deriv Secu Bene Owne Follo Repo | owing orted saction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| | | | 1 | | | 1 | 1 | I l | | . 1 | | Common | l | | | 5 402 | l _ | I | |
| Common Stock ⁽¹⁾ | \$0.0 ⁽²⁾ | 02/11/2017 | | | M | | | 5,493 | 02/11/2016 | (3) | 02/11/2018 | Stock | 5,493 | \$0.0 | | 5,493 | 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,
Attorney-in-fact For: Vivek
Jain

02/13/2017

** 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.