## 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> KOVALCHIK MICHAEL T						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ ICUI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)		(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/02/2011										X Director Officer (give title below)			10% Owner Other (specify below)	
951 CAI	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)																X Form filed by One Reporting Person				
SAN CA 92673																Form filed by More than One Reporting Person				
(City) (State) (Zip)					~															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Dat			Code (Ins				urities Acquired ( sed Of (D) (Instr. 3			Secur Benef Owne	icially d	Form: (D) or Indire		7. Nature of Indirect Beneficial Ownership
									Co	ode	v	Amou	nt (#	() or ))	Price			(Instr.	4)	(Instr. 4)
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)	ve Conversion Date Execution or Exercise (Month/Day/Year) if any		emed on Date, /Day/Year)	4. Transact Code (In 8)		5. ion Number		6. Date Exercisabl Expiration Date (Month/Day/Year)						of De Se (Ir	Price erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Foi Dir or (I) 4)	nership m: ect (D) Indirect Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V (		(D)	Date Exerci	isable	Exp Date	iration e	Title	Amo or Num of Shar	ber					
Non- Qualified Stock Option (right to buy)	\$43.12	02/02/2011	02/02/2011		A		1,500		02/02/	2/2012	02/0	)2/2021	Commor Stock	1,50	00	\$43.12	1,500		D	

Explanation of Responses:

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

02/04/2011

\*\* 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.