

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* <u>PFIZER INC</u> <hr/> (Last) (First) (Middle) <u>235 E 42ND ST</u> <hr/> (Street) <u>NEW YORK NY 10017</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>02/03/2017</u>	3. Issuer Name and Ticker or Trading Symbol <u>ICU MEDICAL INC/DE [ICU]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<u>Common Stock</u>	<u>3,200,000</u>	<u>I</u>	<u>(1)</u>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>PFIZER INC</u> <hr/> (Last) (First) (Middle) <u>235 E 42ND ST</u> <hr/> (Street) <u>NEW YORK NY 10017</u> <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>C.P. Pharmaceuticals International C.V.</u> <hr/> (Last) (First) (Middle) <u>C/O ITS GENERAL PARTNERS</u> <u>235 E. 42ND ST</u> <hr/> (Street) <u>NEW YORK NY 10017</u> <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person*		
Pfizer Production LLC		
(Last)	(First)	(Middle)
235 EAST 42ND STREET		
(Street)		
NEW YORK	NY	10017
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Pfizer Manufacturing LLC		
(Last)	(First)	(Middle)
235 EAST 42ND STREET		
(Street)		
NEW YORK	NY	10017
(City)	(State)	(Zip)

Explanation of Responses:

1. These shares are owned directly by C.P. Pharmaceuticals International C.V. ("CPPI"), whose general partners are Pfizer Production LLC ("PPL") and Pfizer Manufacturing LLC ("PPM"). CPPI, PPL and PPM are indirect wholly-owned subsidiaries of Pfizer Inc. ("Pfizer"). Pfizer, PPL and PPM are indirect beneficial owners of the shares.

Remarks:

Reporting Owner Name/Address/Relationship to Issuer: C.P. Pharmaceuticals International C.V. (CPPI), 235 E. 42nd, New York, NY 10017;10% Ownership; Pfizer Production LLC (PPL), 235 E. 42nd New York, NY 10017 10% Ownership*; Pfizer Manufacturing LLC (PML), 235 E. 42nd New York, NY 10017 10% Ownership*; Pfizer Inc., 235 E. 42nd New York, NY 10017 10% Ownership. *Each of PPL and PML, as general partner of CPPI, disclaim ownership of securities held by CPPI except to the extent of any pecuniary interest therein.

[Pfizer Inc., By /s/ Susan Grant, Assistant Secretary](#) 02/13/2017
[Pfizer Production LLC, acting in its capacity as general partner of C.P. Pharmaceuticals International C.V. By /s/ Brian McMahon, Senior Vice President](#) 02/13/2017
[Pfizer Manufacturing LLC, acting in its capacity as general partner of C.P. Pharmaceuticals International C.V. By /s/ Colum Lane, Senior Vice President](#) 02/13/2017
[Pfizer Production LLC, By /s/Darren Welsh, Secretary](#) 02/13/2017
[Pfizer Manufacturing LLC, By /s/Darren Welsh, Secretary](#) 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 5 (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.