FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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 [*]						2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 02/02/2011										er (give title		r (specify
951 CALLE AMANECER						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) SAN CA 92673 CLEMENTE														X	-)			
(City) (State) (Zip)					-													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) Date (Month/Day						Execution Date			, Transaction D Code (Instr. a			Securities Acquired (sposed Of (D) (Instr. 3 d 5)			Secur Benef Owne	ities icially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amou	nt (#	() or () P	rice			(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3A. Deen Executio if any (Month/D			4. Transact Code (In 8)		5. on Number		6. Date Exe Expiration (Month/Day				of Der Sec (Ins	Price rivative surity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V		(D)	Date Exercisable	isable Dat		Title	Amou or Numb of Share	er				
Non- Qualified Stock Option (right to buy)	\$43.12	02/02/2011	02/02/2011		A		1,500		02/02/2012	02/0	02/2021	Commor Stock	¹ 1,50	0\$	43.12	1,500	D	

Explanation of Responses:

By: Lynn DeMartini For: John 02/04/2011

J. Connors

** 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.