

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>PFIZER INC</u>  (Last) (First) (Middle) <u>235 E 42ND ST</u>  (Street) <u>NEW YORK NY 10017</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ICU MEDICAL INC/DE [ ICU ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>11/15/2018</u>	
		6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	11/15/2018		S		2,500,000	D	\$209.25	0 <sup>(1)</sup>	I <sup>(1)</sup>	- <sup>(1)</sup>

**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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person\*  
PFIZER INC  
 (Last) (First) (Middle)  
235 E 42ND ST  
 (Street)  
NEW YORK NY 10017  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
C.P. Pharmaceuticals International C.V.  
 (Last) (First) (Middle)  
C/O ITS GENERAL PARTNERS  
235 E. 42ND ST  
 (Street)  
NEW YORK NY 10017  
 (City) (State) (Zip)

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 were 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 were indirect beneficial owners of the shares, but each of PPL and PPM, as a general partner of CPPI, disclaims ownership of securities held by CPPI except to the extent of any pecuniary interest therein.

Pfizer Inc., By /s/ Susan Grant, Assistant Secretary 11/16/2018

Pfizer Production LLC, acting in its capacity as general partner of C.P. Pharmaceuticals International C.V. By /s/ Brian McMahon, Senior Vice President 11/16/2018

Pfizer Manufacturing LLC, acting in its capacity as general partner of C.P. Pharmaceuticals International C.V. By /s/ Brian Byala, Senior Vice President 11/16/2018

Pfizer Production LLC, By /s/ Darren Welsh, Secretary 11/16/2018

Pfizer Manufacturing LLC, By /s/ Darren Welsh, Secretary 11/16/2018

\*\* 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.