Edgar Filing: ICU MEDICAL INC/DE - Form 4

	CAL INC/DE										
Form 4	2015										
February 18											
FORM		RITIES AND EXCHANGE COMMISSI ashington, D.C. 20549				OMMISSION	OMB OMB Number:	PROVAL 3235-0287			
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con	rsuant to S (a) of the I	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section						Expires: Estimated a burden hour response			
<i>See</i> Instr 1(b).	ruction	30(h)	of the Ir	ivestment	t Compa	ny Ao	ct of 1940)			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> BROWN JACK			2. Issuer Name and Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)			
951 CALLE AMANECER 02 (Street) 4.1			(Month/Day/Year) 02/17/2015					_X_ Director 10% Owner Officer (give title Other (specify below)			
				Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN CLEN	MENTE, CA 9267	73						Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dee (Month/Day/Year) Executi any (Month			 3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) 				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(
Common Stock	02/17/2015			S	1,022	D	\$ 88.3992	19,791	D		
Common Stock	02/17/2015			S	2,978	D	\$ 88.32	16,813	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: ICU MEDICAL INC/DE - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BROWN JACK 951 CALLE AMANECER SAN CLEMENTE, CA 92673	Х						
Signatures							
By: Lynn Ehrhart For: Jack W. Brown	02/18/2015						
<u>**</u> Signature of Reporting Person		Date					

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.