### Edgar Filing: ICU MEDICAL INC/DE - Form 4

	CAL INC/DE										
Form 4 January 05,	2015										
									OMB A	APPROVAL	
					TIES AND EXCHANGE COMMISSION ington, D.C. 20549					3235-0287	
Check t if no los subject Section Form 4 Form 5	to SIAIE.									Expires:January 31, 2005Estimated average burden hours per response0.5	
obligati may co <i>See</i> Inst 1(b).	ntinue. Section 17	(a) of the l	Public I	Utility Ho	olding Co	mpa	•	1935 or Section	1		
(Print or Type	e Responses)										
LOPEZ GEORGE A S			Symbol	ier Name <b>ai</b> IEDICAI			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date	of Earliest '	Transactio	1		(Cnec	k all applicab	le)	
951 CALLE AMANECER			(Month/Day/Year) 01/05/2015					X_DirectorX_10% Owner Officer (give title below) Other (specify below)			
				d(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
SAN CLE	MENTE, CA 926	73						Person	lore than One r	keponing	
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Seci	urities Acqu	iired, Disposed of	, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) Month/Day/Year) Execution Date, if any Code (Instr. 3, 4 and 5) Benefic (Month/Day/Year) (Instr. 8) Owned Following Reported (A) Transaction of Code (A) Trans				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)				
C				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	01/05/2015			Х	16,400	А	\$ 32.92	414,435	D		
Common Stock	01/05/2015			S <u>(1)</u>	16,400	D	\$ 80.7519 (2)	398,035	D		
Common Stock								1,086,843	Ι	by Partnership	

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

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#### 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	orDeriv Secu Acqu or Di (D)	rities uired (A) isposed of r. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option (right to buy)	\$ 32.92	01/05/2015		Х		16,400	10/16/2005	04/16/2015	Common Stock	16,400

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director 10% Owned		Officer	Other			
LOPEZ GEORGE A 951 CALLE AMANECER SAN CLEMENTE, CA 92673	X	Х					
Signatures							
By: Lynn Ehrhart For: George A. M.D.	A. Lopez	,	01/05/2015				
<u>**Signature of Reporting Person</u>		Date					

\*\*Signature of Reporting Person

## **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). \*\*
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on December 3, 2014.

The price recorded in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$80.255 to \$81.065, inclusive. The reporting person undertakes to provide ICU Medical, Inc., any security holder of ICU Medical, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate

price within the range set forth in this Form 4. (3) Transaction is the exercise of a derivative security; see Column 2.

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.

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