#### ICU MEDICAL INC/DE

Form 4

March 03, 2005

## FORM 4

Check this box

if no longer

subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

**OMB APPROVAL** 

3235-0287

January 31,

OMB

Number:

Expires:

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading LOPEZ GEORGE A Issuer Symbol ICU MEDICAL INC/DE [ICUI] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) \_X\_\_ Director 10% Owner \_X\_\_ Officer (give title \_\_X\_\_ Other (specify C/O ICU MEDICAL, 951 CALLE 03/03/2005 below) below) **AMANECER** Chairman / Chairman (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting SAN CLEMENTE, CA 92673 Person

(City)	(State)	(Zip) Ta	ble I - Non	-Derivativ	e Secu	ırities Acqui	ired, Disposed of	, or Beneficia	ally 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. Securit our Dispos (Instr. 3, 4	ed of (	` ′	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)
Common Stock	03/03/2005		X	52,763	A	\$ 10.25	66,785	D	
Common Stock	03/03/2005		S	52,763	D	\$ 32.0097	14,022	D	
Common Stock							1,186,843	I	by Partnership (1)
Common Stock							23,223	I	by Trust (2)

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

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

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(9-02)

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

1.	Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercis	sable and	7. Title and A	Amou
D	erivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	<b>Expiration Dat</b>	e	Underlying S	Secur
S	ecurity	or Exercise		any	Code	Securities	(Month/Day/Y	ear)	(Instr. 3 and	4)
(I	nstr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)				
		Derivative				or Disposed of				
		Security				(D)				
						(Instr. 3, 4,				
						and 5)				
							Date Exercisable	Expiration Date	Title	Am or Nu
					Code V	(A) (D)	Exercisable	Date		of S
	Ion-Qualified tock Option	\$ 10.25	03/03/2005		X	52 763	01/30/1999	06/26/2007	Common	52
	right to buy)	φ 10.2 <i>3</i>	03/03/2003		Λ	32,703	01/30/1999	00/20/2007	Stock	32

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LOPEZ GEORGE A C/O ICU MEDICAL 951 CALLE AMANECER SAN CLEMENTE, CA 92673	X		Chairman	Chairman			

### **Signatures**

By: Lynn DeMartini For: George A. Lopez,

M.D. 03/03/2005

> \*\*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).
- (1) Excludes 22,959 shares held by Diana K. Lopez, M.D. Dr. Lopez disclaims any beneficial interest in the shares held by his wife.
- Common Stock owned by Lopez Family Trust. Drs. Lopez are trustees and beneficiaries of the Family Trust. Except to the extent of their peciuniary interests as beneficiaries of the Family Trust, Drs. Lopez disclaim any beneficial ownership of the shares owned by the Family

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.

Reporting Owners 2