Edgar Filing: RIGGS STEVEN - Form 4

| RIGGS STE | EVEN | | | | | | | | | | |
|--------------------------------------------------------------------------------|---------------------------------------------|-------------|------------------------------------------------------|-----------------------------------------------|------------|-----------|--------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| Form 4 March 09, 2 | 005 | | | | | | | | | | |
| , | | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | NGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | |
| obligatio may cor <i>See</i> Inst 1(b). | ons Section 17(| a) of the l | Public U | Itility Ho | lding Co | mpan | • | 935 or Section | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (I | Middle) | | of Earliest 7 | | - | J1] | (Check | all applicable |) | |
| C/O ICU M | IEDICAL INC, 9 MANECER | , | | Day/Year) | ransaction | I | | Director _X Officer (give to below) Vice Pres | | Owner er (specify | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | A | 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 | ole I - Non- | Derivative | e Secu | rities Acqui | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | Security (Month/Day/Year) Execution Date, i | | Date, if | (A) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | OwnershipIndirectForm:BeneficiaDirect (D)Ownership | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | | | | | Amount | or (D) | Price \$ | (Instr. 3 and 4) | | | |
| Stock | 03/07/2005 | | | Х | 2,500 | А | ф 12.9167 | 2,734 | D | | |
| Common Stock | 03/07/2005 | | | S | 2,500 | D | \$ 33.85 | 234 | 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.

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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) | 5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and A Underlying S (Instr. 3 and 4 | leci |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|---------------------------------------------------|----------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Ai or Ni of Sł |
| Non-Qualified Stock Option (right to buy) | \$ 12.9167 | 03/07/2005 | | Х | 2,500 | 09/14/2001 <u>(1)</u> | 09/14/2011 | Common Stock | 2 |

Reporting Owners

| Reporting Owner Name / Address | | | Relationships | | | | |
|-------------------------------------------------------------------------------------|----------|-----------|---------------------------|-------|--|--|--|
| r o | Director | 10% Owner | Officer | Other | | | |
| RIGGS STEVEN C/O ICU MEDICAL INC 951 CALLE AMANECER SAN CLEMENTE, CA 92673 | | | Vice President Operations | | | | |
| Signatures | | | | | | | |
| By: Lynn DeMartini For: Steve Riggs | en C. | 03/09 | 0/2005 | | | | |
| **Signature of Reporting Person | | Da | ate | | | | |

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) Options exercisable one-third annually over the first three anniversaries of the grant date.

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.