Edgar Filing: ICU MEDICAL INC/DE - Form 4

	CAL INC/DE										
Form 4	2009										
February 19	ЛЛ	статес (SECU	DITIES	A NID EV	СПА	NCEC	OMMESION		PROVAL	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Sect				SECURITIES AND EXCHANGE COMM Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNERS SECURITIES ction 16(a) of the Securities Exchange Act					OMB Number: Expires: Estimated a burden hour response		
obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17(y Act of ct of 194(1935 or Section	I		
(Print or Type	Responses)										
RIGGS STEVEN Sy				er Name an EDICAL				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 951 CALLI	3. Date of Earliest Transaction(Month/Day/Year)02/15/2008					Director 10% Owner Officer (give title 0ther (specify below) Vice President Operations					
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN CLEM	1ENTE, CA 9267	3						Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	Code (Instr. 8)	4. Securi por Dispos (Instr. 3, Amount	sed of	5) Price	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	02/15/2008	02/15/200)8	Р	252	А	\$ 23.3155	493	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
RIGGS STEVEN 951 CALLE AMANECER SAN CLEMENTE, CA 92673			Vice President Operations					
Signatures								
By: Lynn DeMartini For: Steve Riggs	en C.	02/19/2008						
**Signature of Reporting Person		D	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).

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.