Edgar Filing: ICU MEDICAL INC/DE - Form 4

ICU MEDIO	CAL INC/DE										
Form 4											
February 25											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION	OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check th								Expires:	January 31,		
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OI								ERSHIP OF	Estimated average 2005	
	Section 16. SECURITIES Form 4 or									burden hour	s per
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
may con See Inst	linue.			•		•	-	ct of 1940			
1(b).											
(Print or Type	Responses)										
(i iiii oi i jpe	responses)										
1. Name and Address of Reporting Person 2. Issue					and	I Ticker of	r Trad	ing	5. Relationship of Reporting Person(s) to		
CONNORS JOHN J			Symbol						Issuer		
			ICU M	EDICA	L	INC/DE	E [ICI	UI]	(Check	all applicable)
(Last)	(First) (1	Middle)				ransaction					
951 CALLE AMANECER			(Month/Day/Year)						X_ Director 10% Owner Officer (give title Other (specify		
			02/25/2011						below) below)		
(Street)			4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check		
			Filed(Mo	nth/Day/Y	Tear	.)			Applicable Line) _X_ Form filed by O	ne Reporting Per	son
SAN CLEM	MENTE, CA 9267	'3							Form filed by Mo		
									Person		
(City)	(State)	(Zip)	Tab	le I - No	n-D	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	y Owned
1.Title of	2. Transaction Date	2A. Deemed Execution Date, if any		3.4. Securities Acquired (ATransactionor Disposed of (D)Code(Instr. 3, 4 and 5)						6.	7. Nature of
Security (Instr. 3)	(Month/Day/Year)								Securities Beneficially	Ownership Indirect Form: Beneficial	
· · ·		(Month/Da	ay/Year)	(Instr. 8	3)	. ,		, ,	Owned	Direct (D)	Ownership
									Following Reported	or Indirect (I)	(Instr. 4)
							(A) or		Transaction(s)	(Instr. 4)	
				Code	V	Amount		Price	(Instr. 3 and 4)		
Common	02/25/2011	02/25/20)11	Х		1,875	А	\$	2,175	D	
Stock						,		28.8133	,		
Common Stock	02/25/2011	02/25/20)11	S		1,875	D	\$ 42.09	300	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)

Signatures By: Lynn Demartini For: John J. Connors **Signature of Reporting Person Date Explanation of Responses: * If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Director

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1. Title of 2. 3. Transaction Date 3A. Deemed 6. Date Exercisable and 7. Title and Amour 4. 5. Number Derivative Conversion (Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date Underlying Securit (Month/Day/Year) Security or Exercise any Code Securities (Instr. 3 and 4) (Instr. 3) (Month/Day/Year) Price of (Instr. 8) Acquired Derivative (A) or Security Disposed of (D) (Instr. 3, 4, and 5) Amo or Date Expiration Title Num Exercisable Date of Code V (A) (D) Shar Non-Qualified Common 1,875 05/02/2002 11/02/2012 Stock Option 02/25/2011 Х \$ 28.8133 02/25/2011 1.8 Stock

Reporting Owners

Reporting Owner Name / Address

(right to buy)

CONNORS JOHN J		
951 CALLE AMANECER	Х	
SAN CLEMENTE, CA 92673		
Signatures		

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Relationships

10% Owner Officer Other

(1) 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.