ICU MEDICAL INC/DE
Form 4
May 05, 2011

(Print or Type Responses)
\(\left.$$
\begin{array}{l}\text { 1. Name and Address of Reporting Person * } \\
\text { LOPEZ GEORGE A } \\
\text { (First) } \\
\text { (Middle) }\end{array}
$$ \begin{array}{l}2. Issuer Name and Ticker or Trading \\
Symbol \\

ICU MEDICAL INC/DE [ICUI]\end{array}\right\}\)| 3. Date of Earliest Transaction |
| :--- |
| (Month/Day/Year) |
| 951 CALLE AMANECER |
| (Street) |

SAN CLEMENTE, CA 92673
5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
\(\underset{below)}{\substack{X_- Director \\
Officer (give title \\

\)|  Celow)  |
| :---: |\(\\

Chairman}}\)
6. Individual or Joint/Group Filing(Check Applicable Line)
_X_Form filed by One Reporting Person __Form filed by More than One Reporting Person


Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
Persons who respond to the collection of

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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. <br> Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. <br> 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |  |  | 6. Date Exercisable and Expiration Date (Month/Day/Year) |  | 7. Title and Amo Underlying Secu (Instr. 3 and 4) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  | Date <br> Exercisable | Expiration Date | Title or |
| Non-Qualified Stock Option (right to buy) | \$ 14.625 | 05/04/2011 | 05/04/2011 | X |  | 10,000 | 09/09/2003 | 09/09/2011 | $\begin{array}{ll} \text { Common } \\ \text { Stock } \end{array} 10$ |

## Reporting Owners

Reporting Owner Name / Address

Relationships
Director 10\% Owner Officer Other

## LOPEZ GEORGE A

951 CALLE AMANECER X X Chairman
SAN CLEMENTE, CA 92673

## Signatures

By: Lynn DeMartini For: George A. Lopez, M.D.

05/04/2011
${ }_{-}^{* *}$ 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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on March 7, 2011. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from $\$ 43.31$
(2) to $\$ 44.24$, inlcusive. 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.

Common Stock owned by George A. Lopez M.D. Second Family Limited Partnership. Dr. Lopez holds a one-percent general partnership interest in the Partnership. As general partner, he has the power to vote and power to dispose of the $1,186,843$ shares owned by the Partnership and may be deemed to be beneficial owner of such shares. The Partnership acquired the shares on 2/24/99 from Trusts for the
(3) benefit of the Lopez children, the Christopher George Lopez Children's Trust and the Nicholas George Lopez Children's Trust, which own a $99 \%$ limited partnership in the Partnership. Dr. Lopez is not trustee of and has no interest in the children's Trusts. Except to the extent of his undivided one percent general partnership interest in the assets of the Partnership, Dr. Lopez disclaims any beneficial ownership of the shares owned by the Partnership.

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(4) 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.

