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

ICU MEDICAL	L INC/DE										
Form 4											
April 19, 2005	4 UNITED	STATES					E COMMISSIO	N OMB	PPROVA 3235-		
Washington, D.Check this boxif no longersubject toSection 16.Form 4 orForm 5obligationsmay continueBase of the pursuant to Section 16(a) of the Section 17(a) of the Public Utility Holding						FICIAL O	inge Act of 1934,	Estimated burden hou response	Expires: January 31, 2005 Estimated average burden hours per response 0.5		
<i>See</i> Instruction 16(a) of the Investment Company Act of 1940 1(b).											
(Print or Type Resp	oonses)										
1. Name and Addr COSTELLO R	Symbol	er Name <b>an</b>		C	5. Relationship of Reporting Person(s) to Issuer						
(Last) C/O ICU MED CALLE AMAN	ICU MEDICAL INC/DE [ICUI] 3. Date of Earliest Transaction (Month/Day/Year) 04/16/2005				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Vice President Sales						
				endment, D onth/Day/Yea	-	nal	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
SAN CLEMEN	NTE, CA 9267	73					Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivati	ve Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	1	
	Transaction Date onth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	Dispose (Instr. 3	ed (A) or ed of (D) 6, 4 and 5) (A) or	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	ıl	
				Code V	Amoun	t (D) Price					
Reminder: Report o	on a separate line	e for each cl	ass of sec	urities bene	Pers info requ	sons who re rmation con uired to resp	or indirectly. spond to the colle tained in this form ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (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 Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

number.

1

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option (right to buy)	\$ 32.92	04/16/2005		А		10,000		<u>(1)</u>	04/16/2016	Common Stock	10,000
Repor	ting Ov	vners									
Reporting Owner Name / Address			Relat	ionship	s						

<b>Reporting Owner Name / Address</b>	i controlisin po							
	Director	10% Owner	Officer	Other				
COSTELLO RICHARD A C/O ICU MEDICAL INC 951 CALLE AMANECER SAN CLEMENTE, CA 92673			Vice President Sales					
Signatures								
By: Lynn DeMartini For: Richa Costello	ard A.	0	4/18/2005					
**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) 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.