Edgar Filing: ICU MEDICAL INC/DE - Form 4

ICU MEDICAL INC/DE					
Form 4					
September 18, 2007					
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION	OMB APPROVAL				
Washington, D.C. 20549	OMB 3235-0287 Number:				
Check this box if no longer subject to Section 16. Form 4 or	Expires:January 31, 2005Estimated averageburden hours per response0.5				
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940					
(Print or Type Responses)					
CONNORS JOHN J Symbol Issuer ICU MEDICAL INC/DE [ICUI]					
(Last) (First) (Middle) 3. Date of Earliest Transaction (Check	eck all applicable)				
(Month/Day/Year)X_ Director	irector 10% Owner ficer (give title Other (specify below)				
Filed(Month/Day/Year) Applicable Line)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN CLEMENTE, CA 92673 Form filed by Mo Person	ore than One Reporting				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of,	, or Beneficially Owned				
Security(Month/Day/Year)Execution Date, ifTransactionAcquired (A) orSecuritiesH(Instr. 3)anyCodeDisposed of (D)Beneficially(A)(Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)OwnedH	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)				
Common	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)

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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	Securities Acquired (A) or		of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
			Code N	V (#	A) (I	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CONNORS JOHN J 951 CALLE AMANECER SAN CLEMENTE, CA 92673	Х							
Signatures								
By: Lynn DeMartini For: John Connors	J. 09/18/2007							
**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.