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

ICU MEDI Form 4	CAL INC/DE									
April 19, 20	005									
FORM	ЛД								PPROVA	L
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0	0287
Check t if no lor subject Section Form 4	F CHAI	NGES IN SECUI		WNERSHIP OF	Estimated burden hou	Expires: January 3 200 Estimated average burden hours per response 0				
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)									
1. Name and SWINNEY	Person <u>*</u>	2. Issue Symbol	er Name <b>an</b> e	<b>d</b> Ticker o	r Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		ICU M	IEDICAL	INC/DE	[ICUI]					
(Last)										
C/O ICU MEDICAL, 951 CALLE AMANECER			(Month/Day/Year) 04/16/2005				X_ Director10% Owner Officer (give titleOther (specify below) below)			
				endment, D onth/Day/Yea	-	al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
SAN CLE	MENTE, CA 9267	73					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	I
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	ate, if TransactionAcquired (A) or Code Disposed of (D) /Year) (Instr. 8) (Instr. 3, 4 and 5 (A) or		(A) or l of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	1
			c	Code V		(D) Price				
Reminder: Re	port on a separate line	e for each cl	ass of sec	curities bene	Perso infor requi	ons who res nation cont red to respo	or indirectly. spond to the colle tained in this form ond unless the for ntly valid OMB co	i are not rm	SEC 1474 (9-02)	

number.

 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	6. Date Exercisable and	7. Title and Amount of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	nof Derivative	Expiration Date	Underlying Securities I
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	ĺ	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				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		A		1,875		10/16/2005	04/16/2016	Common Stock	1,875

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director 10% Owner		Officer	Other					
SWINNEY ROBERT S C/O ICU MEDICAL 951 CALLE AMANECER SAN CLEMENTE, CA 92673	Х								
Signatures									
By: Lynn DeMartini For: Robe M.D.	nney,	04/1	9/2005						
<u>**</u> Signature of Reporting Pe		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).

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.