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

ICU MEDIC	CAL INC/DE										
Form 4											
November 1	6, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
	UNITE	DSIALES		shington			INGE C	OMM/01/01/01/01/01/01/01/01/01/01/01/01/01/	OMB Number:	3235-0287	
Check th if no long			Expires:	January 31,							
subject to	F CHAN			NERSHIP OF	Estimated a	2005 verage					
Section 1	SECURITIES					burden hours per					
Form 4 o Form 5							response	0.5			
obligatio	-	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									
may cont	linue.			vestment	•	-	•		1		
See Instruction 1(b).	uction	50(11)	of the m	i vestinent	. compa	11y 1 K		0			
- (-).											
(Print or Type I	Responses)										
1. Name and Address of Reporting Person _       2. Issuer Name and Ticker or Trading       5. Relationship of							5. Relationship of	Reporting Person(s) to			
SWINNEY ROBERT S								Issuer			
			ICU MEDICAL INC/DE [ICUI]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Cl				(Cneck	ck all applicable)			
			(Month/Day/Year)					_X_ Director10% Owner			
951 CALLE	E AMANECER	R	11/12/2	015				Officer (give t below)	title Othe below)	r (specify	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				nth/Day/Yea	-			Applicable Line)	1		
								_X_ Form filed by O Form filed by M			
SAN CLEM	IENTE, CA 92	2673						Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction D	ate 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea						Securities	1	Indirect		
(Instr. 3)		any (Month/I	Code (Instr. 3, 4 and 5) (Day/Year) (Instr. 8)					Beneficially Owned	Form: Direct Beneficia (D) or Ownershi	Ownership	
		× ·	,					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Codo V	Amount	or	Duine	(Instr. 3 and 4)			
Common					Amount		Price				
Stock	11/12/2015			М	1,875	А	\$ 24.21	21,169	D		
Common							\$				
Stock	11/12/2015			F	411	D	» 110.25	20,758	D		
							110.20				
Common Stock								1,125	Ι	by Spouse	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Share
Non-Qualified Stock Option (right to buy) (1)	\$ 24.21	11/12/2015		М	1,875	05/16/2005	11/16/2015	Common Stock	1,8

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
SWINNEY ROBERT S 951 CALLE AMANECER SAN CLEMENTE, CA 92673	Х						
Signatures							
By: Paula Darbyshire For: Rob M.D.	ert S. Swi	11/16/2015					
**Signature of Reporting P		Date					
<b>Explanation of Re</b>	spon	ses:					

- \* 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) These options were inadvertently titled as performance shares when the award was reported on a Form 4 filed on November 17, 2004.

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.