## Edgar Filing: KOVALCHIK MICHAEL T - Form 4

KOVALCH Form 4 July 22, 200	IIK MICHAEL T )8									
FORM	ЛЛ								PPROVA	NL.
Check t	UNITED	STATES		RITIES A ashington			E COMMISSIO	N OMB Number:	3235-	
if no lor subject Section Form 4	to <b>STATE</b> 16.	MENT OI	F CHAI	NGES IN SECUI	WNERSHIP OF	Estimated burden hou	Expires: Janua Estimated average burden hours per response			
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the l	Public U	ding Co		nge Act of 1934, of 1935 or Secti 1940				
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> KOVALCHIK MICHAEL T				er Name <b>an</b>		C C	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	ICU MEDICAL INC/DE [ICUI] 3. Date of Earliest Transaction				(Check all applicable)			
951 CALLE AMANECER			(Month/Day/Year) 07/21/2008			_X_ Director 10% Owner Officer (give title Other (specify below) below)				
Fil				4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
SAN CLEI	MENTE, CA 926	13					Person		8	
(City)	(State)	(Zip)	Tał	ole I - Non-	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owne	d
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) or l of (D)	5. Amount of 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 Ownersh (Instr. 4)	al ip
Reminder: Re	port on a separate lin	e for each cl	ass of sec	urities bene	-	-	-			
					inforı requi	nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly 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	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	De
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Se
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(It

## Edgar Filing: KOVALCHIK MICHAEL T - Form 4

	Derivative Security				(A) or Disposed (D) (Instr. 3, and 5)						
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Stock Option (right to buy)	\$ 27.45	07/21/2008	07/21/2008	A	1,500		<u>(1)</u>	07/21/2018	Common Stock	1,500	5
<b>D</b>	·!··· ·· ···										

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh	ips	
	Director	10% Owner	Officer	Other
KOVALCHIK MICHAEL T 951 CALLE AMANECER SAN CLEMENTE, CA 92673	Х			
Signatures				
By: Lynn DeMartini For: Mich M.D.	ael T. Ko	valchik, III,		07/22/2008
**Signature of Reportin	ng 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 in four equal annual cumulative installments commencing one year after 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.