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ICU MEDIO	CAL INC/DE									
Form 4										
February 19	, 2008									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check th if no long				Expires:	January 31,					
subject to		IENT OF C	HANGES IN		ICIA	AL OWN	ERSHIP OF	Estimated a	2005 average	
Section 1	SECUE	SECURITIES				burden hours per				
Form 4 c Form 5		~		~ .				response	0.5	
obligatio	n c -		tion $16(a)$ of the			-				
may con	tinue. Section 17(•	•	-	•	1935 or Section			
See Instr 1(b).	uction	30(11) 01 1	the Investment	Compa	IY AG	21 01 1940	,			
(Print or Type]	Responses)									
1. Name and A Lamb Scott	Address of Reporting E	/mbol				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. [CU MEDICAL INC/DE [ICUI]				(Check all applicable)			
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2008				D:	100	0			
951 CALLE					Director 10% Owner X Officer (give title Other (specify below) Controller					
951 CALLE AMANECER 0										
								Controller		
			If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
	ed(Month/Day/Yea	· · · · · · · · · · · · · · · · · · ·				Applicable Line) _X_ Form filed by One Reporting Person				
SAN CLEM	IENTE, CA 9267	/3				-	Form filed by Mo Person			
(City)	(State)	(Zip)	Table I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date		3.			equired (A)	5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Dat any	e, if Transactio Code	(Instr. 3,			Securities Beneficially	Ownership Form:	Indirect Beneficial	
((Month/Day/Y		(- /	Owned	Direct (D)	Ownership	
							Following	or Indirect	(Instr. 4)	
					(A)		Reported Transaction(s)	(I) (Instr. 4)		
			Cada V	Amount	or	Drice	(Instr. 3 and 4)	(
Common			Code V		(D)	Price \$				
Stock	02/15/2008	02/15/2008	Р	117	А	¢ 23.3155	700	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	Date	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underly	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securiti	es	(Instr. 5)	Bene
	Derivative		•		Securities	3		(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						ì
					4, and 5)						
					, , ,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title N	Number		
								0			
				Code V	7 (A) (D)			S	Shares		
D											

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Lamb Scott E 951 CALLE AMANECER SAN CLEMENTE, CA 92673			Controller				
Signatures							
By: Lynn DeMartini For: Scott Lamb		02/19/200)8				
**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).

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.