#### KOVALCHIK MICHAEL T

Form 4 July 27, 2010

### FORM 4

Check this box

if no longer

Section 16.

Form 4 or

obligations

Form 5

subject to

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* KOVALCHIK MICHAEL T

(First)

2. Issuer Name and Ticker or Trading

Symbol

ICU MEDICAL INC/DE [ICUI]

3. Date of Earliest Transaction (Month/Day/Year) 07/27/2010

(Street) 4. If Amendment, Date Original

(Middle)

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

**OMB** 

Number:

Expires:

response...

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

\_X\_\_ Director 10% Owner Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

#### SAN CLEMENTE, CA 92673

951 CALLE AMANECER

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired action(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	07/27/2010	07/27/2010	X	1,875	A	\$ 22.685	4,637	D	
Common Stock	07/27/2010	07/27/2010	X	1,875	A	\$ 24.21	6,512	D	
Common Stock	07/27/2010	07/27/2010	X	375	A	\$ 24.17	6,887	D	
Common Stock	07/27/2010	07/27/2010	X	375	A	\$ 27.45	7,262	D	
Common Stock	07/27/2010	07/27/2010	S	4,500	D	\$ 39	2,762	D	

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

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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 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)	\$ 22.685	07/27/2010	07/27/2010	X	1,875	04/19/2005	10/19/2014	Common Stock	1,8
Non-Qualified Stock Option (right to buy)	\$ 24.17	07/27/2010	07/27/2010	X	375	(2)	04/21/2018	Common Stock	37
Non-Qualified Stock Option (right to buy)	\$ 24.21	07/27/2010	07/27/2010	X	1,875	05/16/2005	11/16/2015	Common Stock	1,8
Non-Qualified Stock Option (right to buy)	\$ 27.45	07/27/2010	07/27/2010	X	375	(2)	07/21/2018	Common Stock	37

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer Other			
KOVALCHIK MICHAEL T 951 CALLE AMANECER SAN CLEMENTE, CA 92673	X					

# **Signatures**

By: Lynn DeMartini For: Michael T. Kovalchik, III, M.D. 07/27/2010

\*\*Signature of Reporting Person Date

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## **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) Transaction is the exercise of a derivative security; see Column 2.
- (2) 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.