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

ICU MEDIO	CAL INC/DE										
Form 4											
March 06, 2	017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
<b>CUNIVI 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check th									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGE				IGES IN	ES IN BENEFICIAL OWNERSHIP OI				Estimated average 200		
Section 16. SECURITIES					burden hours per						
	Form 4 or						response 0.5				
Form 5 obligatio	<b>n</b> c <b>*</b>						•	Act of 1934,			
may con	tinue. Section 17			•	•	-	y Act of 1 ct of 1940	1935 or Section			
<i>See</i> Instr 1(b).	ruction	50(II)	of the fi	ivestillent	. Compa	iiy At	1 01 1940				
(Print or Type	Responses)										
Concernent Vincinia Deeth					5. Relationship of l	of Reporting Person(s) to					
Salizone vi	igilla Ruti		Symbol	EDICAL							
						-	) <b>1</b> ]	(Check all applicable)			
			of Earliest Transaction				Director 10% Owner				
			nth/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
1.00 01101			05/00/2	.017			t	below) VP, Ge	below) eneral Counsel		
(Street) 4. If Amo			Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check				
Filed(Mor							Applicable Line)				
	G. G. 00004						-	_X_ Form filed by O Form filed by Me			
ENCINITA	AS, CA 92024						Ī	Person		8	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivativo	e Secu	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.4. Securities Acquired (A)Transactionor Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if					Securities Beneficially	Ownership Form:	Indirect Beneficial	
(IIIsu. 5)		(Month/Day/Year)						Owned	Direct (D)	Ownership	
			•					Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
						or	р.	(Instr. 3 and 4)	(111501.4)		
				Code V	Amount	(D)	Price \$				
Common	03/06/2017			S	681	D	<sup>ф</sup> 148.376	0	D		
Stock $(1)$	00,00,2017			5		2	(2)	·	-		

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)

D Se	Title of verivative ecurity nstr. 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
reporting of the read of the so	Director	10% Owner	Officer	Other					
Sanzone Virginia Ruth 1408 CAUDOR STREET ENCINITAS, CA 92024	VP, General Counsel								
Signatures									
By: Paula Darbyshire Attorney- Sanzone	03/06/2017								
<u>**</u> Signature of Report	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) These securities are Restricted Stock Units.
- (2) All shares sold were sold at the exact price disclosed.

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.