ICU MEDICAL INC/DE Form 3 June 23, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Greenberg David C.	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name ICU MEDIC		-	•
(Last) (First) (Midd	le) 06/15/2015	4. Relationship Person(s) to Iss	1 0		. If Amendment, Date Original Tiled(Month/Day/Year)
951 CALLE AMANECER (Street) SAN CLEMENTE, CA 92673		(Check a X_ Director Officer (give title below)	Other	6 Owner F ow) P	. Individual or Joint/Group iling(Check Applicable Line) X_Form filed by One Reporting erson Form filed by More than One teporting Person
(City) (State) (Zip) Table I - N	lon-Derivativ	ve Securiti	es Bene	eficially Owned
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)	Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur Owners (Instr. 5	•
Common Stock	500		Ι	by Tru	st
Reminder: Report on a separate line owned directly or indirectly.	for each class of securities benefici	ially SE	C 1473 (7-02)	
information required to r	o respond to the collection of contained in this form are not respond unless the form displa lid OMB control number.				
Table II - Derivative	Securities Beneficially Owned (e.	.g., puts, calls, v	varrants, opt	ions, con	vertible securities)

1. Title of Derivative Security (Instr. 4)		xpiration Date		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Greenberg David C. 951 CALLE AMANECER SAN CLEMENTE, CA 92673	ÂX	Â	Â	Â		
Signatures						
By: Lauren Tarquin For: David C. Greenberg	06/23/2015					
**Signature of Reporting Person	Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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.