## Edgar Filing: Lamb Scott E - Form 4

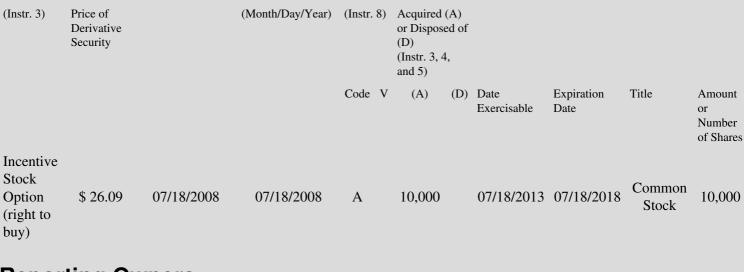
Lamb Scott E Form 4	, ,									
July 22, 2008										
								OMB APPROVAL		
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549						N OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation	Filed pur Section 17	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or						Estimated a burden hou response	irs per	
may contin <i>See</i> Instruct 1(b).	nue.			•	•	y Act of 1				
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Lamb Scott E			2. Issuer Name <b>and</b> Ticker or Trading Symbol ICU MEDICAL INC/DE [ICUI]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date of Earliest Transaction			(Check all applicable)				
951 CALLE AMANECER			(Month/Day/Year) 07/18/2008				Director 10% Owner X Officer (give title Other (specify below) below) Secretary, Treasurer,			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>				
	ENTE, CA 9267						Form filed by Person	More than One Re	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date Month/Day/Year)	2A. Deemec Execution E any (Month/Day	Date, if	Code (Instr. 8)		(A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Repo	ort on a separate line	e for each clas	ss of sec	urities bene	Perso inform requir	ns who rest nation cont ed to resp ys a curre	or indirectly. 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 of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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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			Secretary, Treasurer,				
Signatures							
By: Lynn DeMartini For: Scott E. Lamb		07/22/2008					
**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.