

ICU MEDICAL INC/DE
Form 3
February 13, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â PFIZER INC		(Month/Day/Year)	ICU MEDICAL INC/DE [ICUI]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		02/03/2017		
235 E 42ND ST,Â			(Check all applicable)	
(Street)			<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
NEW YORK,Â NYÂ 10017			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input type="checkbox"/> Form filed by One Reporting Person
				<input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	3,200,000	I	<u>(1)</u>

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Shares (I)
(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PFIZER INC 235 E 42ND ST NEW YORK, NY 10017	X	X		
C.P. Pharmaceuticals International C.V. C/O ITS GENERAL PARTNERS 235 E. 42ND ST NEW YORK, NY 10017		X		
Pfizer Production LLC 235 EAST 42ND STREET NEW YORK, NY 10017		X		
Pfizer Manufacturing LLC 235 EAST 42ND STREET NEW YORK, NY 10017		X		

Signatures

Pfizer Inc., By /s/ Susan Grant, Assistant Secretary	02/13/2017
**Signature of Reporting Person	Date
Pfizer Production LLC, acting in its capacity as general partner of C.P. Pharmaceuticals International C.V. By /s/ Brian McMahon, Senior Vice President	02/13/2017
**Signature of Reporting Person	Date
Pfizer Manufacturing LLC, acting in its capacity as general partner of C.P. Pharmaceuticals International C.V. By /s/ Colum Lane, Senior Vice President	02/13/2017
**Signature of Reporting Person	Date
Pfizer Production LLC, By /s/Darren Welsh, Secretary	02/13/2017
**Signature of Reporting Person	Date
Pfizer Manufacturing LLC, By /s/Darren Welsh, Secretary	02/13/2017
**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).
- (1) These shares are owned directly by C.P. Pharmaceuticals International C.V. ("CPPI"), whose general partners are Pfizer Production LLC ("PPL") and Pfizer Manufacturing LLC ("PPM"). CPPI, PPL and PPM are indirect wholly-owned subsidiaries of Pfizer Inc. ("Pfizer"). Pfizer, PPL and PPM are indirect beneficial owners of the shares.

^

Remarks:

Reporting Owner Name/Address/Relationship to Issuer: C.P. Pharmaceuticals International C.V. (CPPI),

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*Each of PPL and PML, as general partner of CPPI, disclaim ownership of securities held by CPPI

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.