NATUS MEDICAL INC

Form 4

August 19, 2015

F	O	R	M	4
	•			

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

SECURITIES

2. Issuer Name and Ticker or Trading

NATUS MEDICAL INC [BABY]

OMB Number: 3235-0287

Check this box if no longer which to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Expires: January 31, 2005

OMB APPROVAL

subject to
Section 16.
Form 4 or
Form 5

Filed pursuant to

1. Name and Address of Reporting Person *

TRAVERSO KENNETH M

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Form 5 obligations may continue. See Instruction

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

Symbol

1(b).

(Print or Type Responses)

	·		_					(Cliec	k an applicable	;)	
(Last)	(First)	(Middle) 3	B. Date of	Earliest Tr	ansaction						
C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD			(Month/Day/Year) 08/17/2015					Director 10% Owner X Officer (give title Other (specify below) VP/GM Newborn Care			
	(Street)	4	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
SAN CARL		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
Sin Cint	.05, 611 > 1070							Person			
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									ly Owned	
1.Title of Security (Instr. 3) Common Stock, \$0.001 par value per	2. Transaction Da (Month/Day/Year) 08/17/2015		Date, if y/Year)	3. Transaction Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Share Common Stock, \$0.001 par value per share								0	I	By Family Trust	
								J.	•	2) 1101	

Edgar Filing: NATUS MEDICAL INC - Form 4

Common

Stock,

\$0.001 par

value per

share

Common

Stock,

\$0.001 par

value per share

0 I By IRA for Spouse

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

SEC 1474 (9-02)

9. Nu

Deriv

Secu

Bene Own Follo Repo Trans (Instr

number.

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.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNumber	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivativ	e		Secur	rities	(Instr. 5)
	Derivative				Securities	S		(Instr	. 3 and 4)	
	Security				Acquired					
	·				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
					, ,					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
						LACICISAUIC	Date		of	
				Code	V (A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

TRAVERSO KENNETH M C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070

VP/GM Newborn Care

Signatures

/s/ JONATHAN A. KENNEDY, by POWER OF

ATTORNEY 08/19/2015

**Signature of Reporting Person Date

Reporting Owners 2

Edgar Filing: NATUS MEDICAL INC - Form 4

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.