Edgar Filing: NATUS MEDICAL INC - Form 4

	DICAL INC											
Form 4 November 1	2 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
	Check this box if no longer CTATEMENT OF CHANCES IN DENEELCIAL ONWNERSHIP OF								Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Section 16. SECURITIES Form 4 or							Estimated a burden hour response	verage				
Form 5 obligations may continue. See Instruction 1(b). 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 I	Responses)											
HAWKINS JAMES B Symbol				r Name and S MEDIC			-	5. Relationship of Reporting Person(s) to Issuer				
						[]]]		(Check all applicable)				
				te of Earliest Transaction th/Day/Year) 0/2015				X Director 10% Owner X Officer (give title Other (specify below) President and CEO				
Filed(Month/Day/Year) Applica _X_For						Applicable Line) _X_ Form filed by O Form filed by M	Joint/Group Filing(Check One Reporting Person More than One Reporting					
(City)		(Zip)						Person				
(City)	(State)	(Zip)	Tab	e I - Non-I	Derivative	Securi	ities Acqu	uired, Disposed of,	, or Beneficiall	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4)	sposed	l 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, \$0.001 par value per share	11/10/2015	11/10/2	015	S	15,731		\$ 48.12	461,543	D			
Common Stock, \$0.001 par value per share	11/12/2015	11/12/2	015	S	26,758	D	\$ 47.32	434,785	D			

Edgar Filing: NATUS MEDICAL INC - Form 4

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title Numbe			
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting of the runner runners	Director	10% Owner	Officer	Other			
HAWKINS JAMES B NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	Х		President and CEO				
Signatures							
/s/ JONATHAN A. KENNEDY, by POW ATTORNEY		11/12/2015					
<u>**</u> 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.