

NATUS MEDICAL INC
Form 4
April 30, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 *
TRAVERSO KENNETH M

2. Issuer Name and Ticker or Trading Symbol
NATUS MEDICAL INC [BABY]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)
04/28/2015

___ Director ___ 10% Owner
 Officer (give title below) ___ Other (specify below)
VP/GM Newborn Care

C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

SAN CARLOS, CA 94070

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 Ownership (Instr. 4) | |
|---|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|---|
| | | | | (A) or (D) | Price | | | |
| Common Stock, \$0.001 par value per share | 04/28/2015 | 04/28/2015 | M | 18,933 | A | \$ 10.03 | 120,616 | D |
| Common Stock, \$0.001 par value per share | 04/28/2015 | 04/28/2015 | S | 18,933 | D | \$ 40.83 | 101,683 | D |
| | 04/28/2015 | 04/28/2015 | M | 15,128 | A | | 116,811 | D |

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| | | | | | | | | | | |
|---|------------|------------|---|--------|---|-----------------|---------|---|-------------------|--|
| Common Stock, \$0.001 par value per share | | | | | | \$ 10.03 | | | | |
| Common Stock, \$0.001 par value per share | 04/28/2015 | 04/28/2015 | S | 15,128 | D | \$ 40.83 (1) | 101,683 | D | | |
| Common Stock, \$0.001 par value per share | 04/28/2015 | 04/28/2015 | S | 8,572 | D | \$ 40.75 (2) | 0 | I | By Family Trust | |
| Common Stock, \$0.001 par value per share | 04/28/2015 | 04/28/2015 | S | 10,500 | D | \$ 40.75 (2) | 0 | I | By IRA | |
| Common Stock, \$0.001 par value per share | 04/28/2015 | 04/28/2015 | S | 4,100 | D | \$ 40.75 (2) | 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 number.

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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Security (Instr. 3 and 4) | 8. Amount or Number of Shares | |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|-------------------------------|----------------------------|
| | | | | Code | V (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Nonqualified Stock Option | \$ 10.03 | 04/28/2015 | 04/28/2015 | M | 18,933 | 07/09/2005 | 06/09/2015 | Common Stock | 18,933 |

| | | | | | | | | | |
|------------------------------|----------|------------|------------|---|--------|------------|------------|-----------------|------|
| Nonqualified Stock Option | \$ 10.03 | 04/28/2015 | 04/28/2015 | M | 15,128 | 07/09/2005 | 06/09/2015 | Common Stock | 15,1 |
|------------------------------|----------|------------|------------|---|--------|------------|------------|-----------------|------|

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

04/30/2015

__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).

(1) This transaction was executed in multiple trades at prices ranging from \$40.80 to \$41.01. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

(2) This transaction was executed in multiple trades at prices ranging from \$40.75 to \$40.82. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.