TRAVERSO KENNETH M

Form 4 April 13, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

4,100

I

January 31, 2005

0.5

Estimated average

burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

1. Name and Address of Reporting Person *

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

2. Issuer Name and Ticker or Trading

1(b).

share

(Print or Type Responses)

TRAVERSO KENNETH M			Symbol NATUS MEDICAL INC [BABY]					Issuer				
(Last) C/O NATUS INCORPOR INDUSTRIA		3. Date of Earliest Transaction (Month/Day/Year) 04/12/2007					(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) VP Marketing and Sales					
SAN CARL		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		n Date, if	Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	d (A) o))	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, \$0.01 par value per share	04/12/2007			G <u>(1)</u>	2,500	A	\$ 0	105,951 (2)	D			
Common Stock, \$0.01 par value per								8,572	I	By family trust		

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Common Stock, \$0.01 par value per share			By IRA for spouse
Common			
Stock,			
\$0.01 par	10,500	I	By IRA
value per			
share			

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)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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	isable and	7. Title	e and	8. Price of	1
]	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Date		Amount of		Derivative	Į
;	Security	or Exercise		any	Code	of	(Month/Day/Y	Year)	Under	lying	Security	
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8	Derivativ			Securities	(Instr. 5)		
		Derivative				Securities	3		(Instr.	3 and 4)		(
		Security				Acquired					J	
						(A) or						1
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										Amount		
										or		
							Expiration Date		Number			
								of				
				Code V	(A) (D)				Shares			

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

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

VP Marketing and Sales

Signatures

/s/ Kenneth M. Traverso 04/13/2007

Date

Reporting Owners 2

**Signature of Reporting Person

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) Reporting person acquired an interest in 2,500 shares of stock previously held solely by his father and now held jointly with his father as tennants in common.
- (2) Includes 2,500 shares held as tennant-in-common with reporting person's father.

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.

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