MOORE WILLIAM M

Check this box

if no longer

subject to

Section 16.

Form 4 or

obligations

may continue.

See Instruction

Form 5

Form 4 June 18, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2 Jasuar Nama and Tielzer or Trading

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

0.5

burden hours per response...

Estimated average

5 Relationship of Reporting Person(s) to

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

MOORE WILLIAM M (Last) (First) (Middle) C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD			Symbol	2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY] 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2007					(Check all applicable) _X_ Director 10% Owner Officer (give title below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person Person			
			(Month/D									
SAN CARL	NCORPORATED, 1501 NDUSTRIAL ROAD (Street) 4. If Amer Filed(Mont AN CARLOS, CA 94070 (City) (State) (Zip) Table Title of 2. Transaction Date 2A. Deemed ecurity (Month/Day/Year) Execution Date, if				endment, Date Original nth/Day/Year)							
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of											
1.Title of Security (Instr. 3)		ear) Execut	ion Date, if	Transaction Code (Instr. 8)		(A) of (D) 4 and (A) or))	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)		
Stock, \$0.001 par value per share	06/13/2007			A	2,500 (1)	A	\$0	6,410	D			
Common Stock, \$0.001 par value per share								99,892	I	By Family Trust		
								3,150	I	By Spouse		

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Common Stock, \$0.001 par value per share

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

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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. Transacti Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and	Securitie
						(D) (Instr. 3, 4, and 5)	Date	Expiration	Title	Amour or Numbe
					Code V	(A) (D)	Exercisable	Date	Tiue	of Shares
	Nonqualified Stock Option	\$ 15.92	06/13/2007		A	5,000 (2)	07/13/2007	06/13/2013	Common Stock	5,00

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

MOORE WILLIAM M

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



Signatures

/s/ William M.

(right to buy)

Moore 06/18/2007

**Signature of Date

**Signature of
Reporting Person

Reporting Owners 2

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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) The shares vest in full upon the first anniversary of the grant.
- (2) The option vests in 12 equal monthly installments beginning on the date of grant.

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.