NATUS MEDICAL INC

Form 4 June 05, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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OMB APPROVAL

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

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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

1(b).

(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	(Check an applicable)			
C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD	(Month/Day/Year) 06/03/2013	Director 10% Owner X Officer (give title Other (specify below) VP Marketing and Sales			
(Street)	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			
SAN CARLOS, CA 94070		Form filed by More than One Reporting Person			

(City)	(State)	Zip) Table	e I - Non-D	erivative S	Secur	ities Acc	quired, Disposed	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially (D) or Be Owned Indirect (I) Ov		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$0.001 par value per share	06/03/2013	06/03/2013	Code V M	7,318	(D)	Price \$ 4.51	129,562	D	
Common Stock, \$0.001 par value per share	06/03/2013	06/03/2013	S	7,318	D	\$ 14.5	122,244	D	
							8,572	I	

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Common Stock, \$0.001 par value per share			By Family Trust		
Common Stock, \$0.001 par value per share	10,500	I	By IRA		
Common Stock, \$0.001 par value per share	4,100	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)					

$\label{thm:convertible} \textbf{Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned} \\ \textit{(e.g., puts, calls, warrants, options, convertible securities)}$

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exerci	sable and	7. Title and	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof Derivative	Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Y	(ear)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
	Derivative				(A) or				
	Security				Disposed of				
					(D)				
					(Instr. 3, 4,				
					and 5)				
						Date Exercisable	Expiration Date	Title	Amount or Number
				Code V	(A) (D)				of Shares
Incentive Stock								Common	
Option (Right to Buy)	\$ 4.51	06/03/2013	06/03/2013	M	7,318	03/25/2004	02/25/2014	Common Stock	15,900

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer		Other	

VP Marketing and Sales

Reporting Owners 2

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

Signatures

/S/ STEVEN J. MURPHY, by Power of Attorney

06/05/2013

**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.

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