NATUS MEDICAL INC

Form 4

January 26, 2010

FORM 4

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

OMB 3235-0287

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OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * Nierenberg Investment Management Company, Inc.

> (First) (Middle)

19605 NE 8TH STREET

(Street)

2. Issuer Name and Ticker or Trading Symbol

NATUS MEDICAL INC [BABY]

3. Date of Earliest Transaction (Month/Day/Year) 01/22/2010

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

_X__ 10% Owner Director Officer (give title _ Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person _X_ Form filed by More than One Reporting Person

CAMAS, WA 98607

							1 015011		
(City)	(State) ((Zip) Table	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed o	of, or Beneficial	lly 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. Securit on(A) or Dis (Instr. 3, 4)	sposed	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	01/22/2010		S	7,500	D	\$ 14.5	524,791 <u>(1)</u>	I	By The D3 Family Fund, LP
Common Stock	01/22/2010		S	32,500	D	\$ 14.5	2,111,266 (1)	I	By The D3 Family Bulldog Fund, LP
Common Stock							129,931 (1)	I	By The D3 Family Canadian Fund, LP
							446,056 (1)	I	

Common	By The
Stock	DIII
	Offshore
	Fund, LP

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

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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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Nierenberg Investment Management Company, Inc. 19605 NE 8TH STREET CAMAS, WA 98607		X				
Nierenberg David 19605 NE 8TH STREET CAMAS, WA 98607		X				
D3 Family Fund, LP 19605 NE 8TH STREET CAMAS, WA 98607		X				
D3 Family Bulldog Fund, LP 19605 NE 8TH STREET CAMAS, WA 98607		X				

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Signatures

David Nierenberg, President, Nierenberg Investment Management Company, Inc. (NIMCO)				
**Signature of Reporting Person	Date			
David Nierenberg, President, NIMCO, General Partner of The D3 Family Fund, LP	01/26/2010			
**Signature of Reporting Person	Date			
David Nierenberg, President, NIMCO, General Partner of The D3 Family Bulldog Fund, LP	01/26/2010			
**Signature of Reporting Person	Date			
David Nierenberg	01/26/2010			
**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) Each of the reporting persons disclaims beneficial ownership of these securities except to the extent of the reporting person's pecuniary interest therein.

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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