### Edgar Filing: NATUS MEDICAL INC - Form 4

NATUS ME Form 4	DICAL INC									
August 06, 2	2008									
FORM /								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c	ser <b>STATEN</b> 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31 2009 Estimated average burden hours per response 0.9	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Secu Section 17(a) of the Public Utility Holding Co 30(h) of the Investment Comp						y Act of	1935 or Section	1		
(Print or Type l	Responses)									
1. Name and A CHUNG DO CHRISTOP	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol NATUS MEDICAL INC [BABY]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N	Middle) 3. Date of	3. Date of Earliest Transaction				(Check	k all applicable	2)	
	S MEDICAL RATED, 1501 AL ROAD	(Month/E 08/04/2	-				Director X Officer (give below) Vice Presid		Owner er (specify ffairs	
	(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 CARL	LOS, CA 94403						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip) Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Stock, \$0.001 par value per share	08/04/2008	08/04/2008	S <u>(1)</u>	866	D	\$ 24.15	24,134	D		

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.

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

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships							
		Director	10% Owner	Officer	Other				
CHUNG DONG CHUNE CH C/O NATUS MEDICAL INC 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94403				Vice President Medical Affairs					
Signatures									
/s/ D. Christopher Chung, M.D.	08/06/200	08							

### 08/06/2008

Date

\*\*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) These shares were sold pursuant to a sales program to cover taxes owed upon the vesting of restricted stock.

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.