Edgar Filing: TRAVERSO KENNETH M - Form 4

TRAVERSO Form 4 June 04, 201 FORN Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru	14 UNITED S is box ger 6. r Filed purs inne. Section 17(a	ENT OF C suant to Sec a) of the Pub	Washington CHANGES IN SECUI tion 16(a) of th	, D.C. 20 BENEF RITIES ne Securit Iding Con	549 ICIA ies E ipany	L OWN xchange Act of	1935 or Section	OMB Number: Expires: Estimated a burden hour response		
1(b).										
(Print or Type I	Responses)									
TRAVERSO KENNETH M Symbo			mbol	ssuer Name and Ticker or Trading ool ΓUS MEDICAL INC [BABY]				5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle) 3.			3. Date of Earliest Transaction (Month/Day/Year) 06/02/2010				(Check all applicable) <u></u> Director <u></u> 10% Owner <u>X</u> Officer (give title <u></u> Other (specify below) <u>below</u>) VP Marketing and Sales			
	(Street)		If Amendment, D ed(Month/Day/Yea	-	1		6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Per	rson	
	OS, CA 94070.						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non-	Derivative	Securi	ities Acqu	iired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code Year) (Instr. 8)	4. Securit on(A) or Di (Instr. 3, - Amount	sposed	l 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, \$0.001 par value per share	06/02/2010	06/02/2010) M	16,700	A	\$ 6.25	97,223	D		
Common Stock, \$0.001 par value per share	06/02/2010	06/02/2010) S	16,700	D	\$ 16.75 (1)	80,523	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	10,500	Ι	By IRA
share 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	y or indirectly		

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.

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ar Underlying Se (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Non-Qualified Stock Option	\$ 6.25	06/02/2010	06/02/2010	М	16,700	01/12/2001(2)	12/12/2010	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	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/ Steven J. Murphy, by power of attorney

06/04/2010

**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).
- This transaction was executed in multiple trades at prices ranging from \$16.77 to \$16.75. The price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- (2) The option vests in 48 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.