Edgar Filing: NATUS MEDICAL INC - Form 4

| NATUS ME Form 4 | | | | | | | | | | | |
|---|---------------------|---|---|---------|-------------------|--------|---|--|--|-----------|--|
| June 05, 2013 | | | | | | | | | OMB AI | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | 3235-0287 | |
| Check thi if no long subject to Section 1 | ser STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | | |
| Section 16.SECURTIESburden hours per response0.5Form 4 orForm 5Filed 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 19400.5 | | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> TRAVERSO KENNETH M | | | 2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | | 3. Date of Earliest Transaction (C | | | | | (Chec | eck all applicable) | | | |
| C/O NATUS INCORPOR INDUSTRIA | | (Month/Day/Year) 06/03/2013 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) VP Marketing and Sales | | | | |
| (Street) 4. If Amena Filed(Month SAN CARLOS, CA 94070 | | | | | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | | Zip) | Table | I Nor D | | 7 | | Person | e an Danafiaial | la Oana d | |
| 1.Title of | 2. Transaction Date | | | 3. | | | | <pre>uired, Disposed of 5. Amount of</pre> | 6. Ownership | - | |
| Security (Instr. 3) | (Month/Day/Year) | Execution any | Execution Date, if | | (D) (Instr. 3, | ispose | d of | Securities Deneficially Connect Deneficially Connect Deneficially Connect Deneficial Den | Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| C | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock, \$0.001 par value per share | 06/03/2013 | 06/03/20 | 013 | М | 7,318 | A | \$ 4.51 | 129,562 | D | | |
| Common Stock, \$0.001 par value per share | 06/03/2013 | 06/03/20 |)13 | S | 7,318 | D | \$ 14.5 | 122,244 | D | | |
| | | | | | | | | 8,572 | Ι | | |

Edgar Filing: NATUS MEDICAL INC - Form 4

| | | 5 | 0 | | | | | | | | |
|---|---|----------------------------------|------------|--------|---|---------------------|--------------------|---|-------------------------------------|--|--|
| Common Stock, \$0.001 par value per share | r | | | | | | | By Famil Trust | у | | |
| Common Stock, \$0.001 par value per share | r | | | | | 10,500 | I | By IRA | | | |
| Common Stock, \$0.001 par value per share | r | | | | | 4,100 | Ι | By IRA for Spous | se | | |
| 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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1474 (9-02) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e any Co (Month/Day/Year) (In | | | 5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exerci | te | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | |
| Incentive | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Stock Option (Right to Buy) | \$ 4.51 | 06/03/2013 | 06/03/2013 | М | 7,318 | 03/25/2004 | 02/25/2014 | Common Stock | 15,900 | | |
| D | | | | | | | | | | | |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer

Other

VP Marketing and Sales

Edgar Filing: NATUS MEDICAL INC - Form 4

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.