Edgar Filing: NATUS MEDICAL INC - Form 4

NATUS MEI	DICAL INC										
Form 4	2004										
November 12											
	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB OMB Number:	APPROVAL 3235-0287		
Check thi if no long subject to Section 10 Form 4 on Form 5 obligatior may conti <i>See</i> Instru 1(b).	6. Filed purs Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							January 31, 2005 werage rs per 0.5		
(Print or Type R	Responses)										
	ddress of Reporting F DNG CHUNE HER	Symbol	2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N	liddle) 3. Date o	3. Date of Earliest Transaction				(Checi	(Check all applicable)			
	S MEDICAL ATED, 1501 AL ROAD	(Month/I 10/29/2	Day/Year) 004				Director X Officer (give below) Vice Presid		Owner er (specify ffairs		
	(Street)	4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
SAN CARLOS CA 94403 — Form filed by						_X_ Form filed by C	One Reporting Person More than One Reporting				
(City)	(State) ((Zip) Tab	le I - Non-De	rivative	Secur	ities Aca	uired, Disposed of	or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction	4. Securit (A) or Di (Instr. 3,	ties A spose	cquired d 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		
Common Stock (1)	10/29/2004	10/29/2004	А	1,176	А	\$ 2.975	5,991	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Derivative Security (Instr. 3)	erivative Conversion (Month/Day/Year) Exe ecurity or Exercise any			TransactionNumber Expira Code of (Month		Expiration I (Month/Day re s	piration Date lonth/Day/Year)		rities rities r. 3 and 4)	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		
Repor	ting O	wners									
Reporting Owner Name / Address			Relationships								
			Director	10% Own	er Offic	2r		Other			
C/O NAT 1501 IND	CHUNG DONG CHUNE CHRISTOPHER C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94403			Vice President Medical Affairs							
Signa	tures										
Dong-Ch Chung, M	une Christo D	pher	11/11/2004								
<u>**</u> Signa	ture of Reportin	g Person	Date								
		- (D									

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4.

5.

6. Date Exercisable and 7. Title and

8. Price of

9. Nt

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Shares purchased pursuant to the Issuer's Employee Stock Purchase Plan.

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.

1. Title of 2.