Edgar Filing: MINCE WILLIAM L - Form 4

MINCE WILLIA Form 4	ML									
June 10, 2005									APPROVAL	
UNITED STATES SECURITIES AND EACHANGE COMMISSION							OND	3235-0287		
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.	subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligations may continue.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 30(h) of the Investment Company Act of 1940							Estimated burden ho response	Number:January 31,Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type Respondence)	nses)									
1. Name and Address of Reporting Person <u>*</u> MINCE WILLIAM L			2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY]			-	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD			 NATOS MEDICAL INC [BAB1] 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2005 			[DAD I]	(Check all applicable) <u> </u>			
				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 Form filed by More than One Reporting Person 			
(City) ((State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	l of, or Beneficia	ally Owned	
	ansaction Date th/Day/Year)	Execution any	Date, if	3. Transaction Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or 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)	
Reminder: Report on	a separate line	e for each cl	lass of sec	urities benef	icially own	ned directly of	or indirectly.			
					inform requir	nation cont ed to respo ys a currei	spond to the coll tained in this form ond unless the fo ntly valid OMB co	m are not orm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owne securities)	ed		
1. Title of 2.	3. Tran	saction Date	e 3A. Dee	emed	4.	5. Number	of 6. Date Exerc	cisable and	7. Title and Amount of	

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

Underlying Securities

Expiration Date

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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) 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.