TRAVERSO KENNETH M

Form 4

August 18, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

OMB APPROVAL

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Check this box if no longer subject to Section 16.

Form 4 or

Form 5 obligations may continue.

See Instruction

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 30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * TRAVERSO KENNETH M

> (First) (Middle)

C/O NATUS MEDICAL **INCORPORATED, 1501** INDUSTRIAL ROAD

(Street)

(Month/Day/Year)

08/16/2011

Filed(Month/Day/Year)

2. Issuer Name and Ticker or Trading Symbol

NATUS MEDICAL INC [BABY]

3. Date of Earliest Transaction

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

VP Marketing and Sales

10% Owner

Other (specify

Issuer

below)

Director

_X__ Officer (give title

SAN CARLOS, CA 94070

(City)	(State) (Zip) Table	e I - Non-D	erivative :	Secur	ities Acq	uired, Disposed of	f, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3,	sposed 4 and (A) or	d of (D) 5)	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	08/16/2011	08/16/2011	Code V S(1)	Amount	(D)	Price \$ 10.25	101,472	D	
Common Stock, \$0.001 par value per share	08/17/2011	08/17/2011	S <u>(1)</u>	3,602	D	\$ 10.21	97,870	D	
							9 572	т	

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Common Stock, \$0.001 par value per share			By Family Trust			
Common						
Stock,						
\$0.001 par	10,500	I	By IRA			
value per						
share						
Common						
Stock,			D., ID A			
\$0.001 par	4,100	I	By IRA			
value per			for Spouse			
share						
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.						

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	e Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities	3		(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships		
	Director	10% Owner	Officer	Other

TRAVERSO KENNETH M C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070

VP Marketing and Sales

Reporting Owners 2

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Signatures

/s/ STEVEN J. MURPHY, by Power of Attorney

08/18/2011

**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).
- (1) Shares 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.

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