LUDLUM KEN

Form 4

value per share

November 08, 2011

| riovember oo, | 2011 | | | | | | | | | | |
|---|------------------------|--------------------------|---|-----------|---|---------|---|---|---|--|--|
| FORM | 4 | | CECUD | | ND EWG | NTT A 1 | NOD | | | PPROVAL | |
| | Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | |
| Check this if no longer subject to Section 16. Form 4 or Form 5 | STATEM | | | | | | | | | January 31, 2005 average irs per 0.5 | |
| obligations may continue <i>See</i> Instruct 1(b). | ue. | | Public Uti of the Inv | • | _ | _ | | f 1935 or Sectio 40 | n | | |
| (Print or Type Res | sponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person * LUDLUM KEN | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | NATUS MEDICAL INC [BABY] | | | | | (Check all applicable) | | | | |
| (Last) | (First) (M | liddle) | 3. Date of Earliest Transaction | | | | | | | | |
| C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD | | | (Month/Day/Year) 11/04/2011 | | | | | X Director 10% Owner Officer (give title below) Other (specify below) | | | |
| (Street) 4. If Amendment, Date Or Filed(Month/Day/Year) SAN CARLOS, CA 94070 | | | | _ | Original 6. Individual or Joint/Grou Applicable Line) _X_ Form filed by One Repo Form filed by More than Person | | | | ing Person | | |
| (City) | (State) (| Zip) | Table | I - Non-D | erivative S | Securi | ities Ac | quired, Disposed of | f, or Beneficial | lly Owned | |
| (Instr. 3) any | | Execution any | ned 3. 4. Securities Acq n Date, if Transaction(A) or Disposed Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5) | | | d of | Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| Common Stock, \$0.001 par value per share | | | | | | | | 64,950 | D | | |
| Common Stock, \$0.001 par value per | 11/04/2011 | 11/04/2 | 011 | S | 4,000 | D | \$ 8.25 | 0 | I | By Family Trust | |

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

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.

SEC 1474

(9-02)

Common

Stock

5,

07/01/2011(1) 06/01/2017

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

5,000

| 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) | Securities Acquired (A) or Disposed of (D) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou Underlying Secur (Instr. 3 and 4) | |
|---|--|--------------------------------------|---|--|--|--|--------------------|---|------------------------------|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Am or Nur of Sha |

A

Reporting Owners

\$ 16.38

Reporting Owner Name / Address

Director 10% Owner Officer Other

LUDLUM KEN C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070



06/01/2011

Signatures

Nonqualified

Stock Option

/s/ STEVEN J. MURPHY, by Power of Attorney 11/08/2011

**Signature of Reporting Person

06/01/2011

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 12 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.

Date

Reporting Owners 2