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MURPHY S Form 4 May 30, 201										
								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check th if no long	ner							Expires:	January 31, 2005	
If no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESExpined:2STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESEstimated average burden hours per response2Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1935 or Section 1(b).2									verage	
(Print or Type I	Responses)									
1. Name and A MURPHY S	er Name and Ticker or Trading S MEDICAL INC [BABY]				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (Middle						(Check all applicable)			
			te of Earliest Transaction th/Day/Year) 8/2013				Director 10% Owner X Officer (give title Other (specify below) below) Vice President Finance			
SAN CARI	endment, Date Original nth/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	le I - Non-D	Derivative (Securi	ties Acaı	iired, Disposed of,	or Beneficial	v Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Exe any	action Date 2A. Deemed Day/Year) Execution Date, if any (Month/Day/Year)			ies Aco	quired 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	
Common Stock, \$0.001 par value per share	05/28/2013		М	Amount 35,000			138,292	D		
Common Stock, \$0.001 par value per share	05/28/2013		S	10,000	D	\$ 14.42 (1)	113,292 <u>(2)</u>	D		

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

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

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)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Incentive Stock Option (Right to Buy)	\$ 4.11	05/28/2013		М	35,000	05/30/2003	05/30/2013	Common Stock, \$0.001 par value per share	35,000

Reporting Owners

Reporting Owner Name / Address		Relationships					
	· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
MURPHY STEVEN J C/O NATUS MEDICAL IN 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070				Vice President Finance			
Signatures							
/s/ Steven J.	05/30/2013						

**Signature of Reporting Person

Murphy

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).
- This transaction was executed in multiple trades at prices ranging from \$14.42 to \$14.44. The price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- (2) Includes 1,175 shares purchased pursuant to the Company's Employee Stock Purchase Plan since the date of the reporting persons last Form 4.

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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.