Edgar Filing: NATUS MEDICAL INC - Form 4

NATUS ME	EDICAL INC										
Form 4											
January 06,	2015										
FORM			CECH				NCEC	OMMERION		PROVAL	
Washington, D.C. 20549					COMMISSION	OMB Number:	3235-0287				
Check this box if no longer subject to Section 16. Section 16.				NGES IN BENEFICIAL OWNERSHIP O SECURITIES					Expires: Estimated a	•	
Form 4 c		SECONTIES						burden hou response	rs per 0.5		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 1	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									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Kennedy Jonathan			2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)				
	S MEDICAL RATED, 1501 AL ROAD		(Month/E 01/02/2	-				Director X Officer (give below) S		Owner er (specify	
	(Street)		4. If Amendment, Filed(Month/Day/Y			nent, Date Original Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 		
SAN CARI	LOS, CA 94070)						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemo (Month/Day/Year) Execution any (Month/Da		n Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			l of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock, \$0.001 par value per share	01/02/2015			А	24,000 (1)	A	\$ 0.001	104,000	D		

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Kennedy Jonathan C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070			Sr. VP, CFO			
Signaturos						

Signatures

/s/ Jonathan A. Kennedy	01/06/2015		
<u>**</u> Signature of Reporting	Date		

**Signature of Reporting Person

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) Restricted Stock Award vest over 4 years from the date of the grant. 50% will vest on the second anniversay of the grant, 25% on the third anniversary of the grant, and 25% on the fourth anniversary of the 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.