#### NATUS MEDICAL INC

Form 4 June 08, 2015

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or

Check this box

**SECURITIES** Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. See Instruction 1(b).

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \* HAWKINS JAMES B

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

(First)

(Street)

NATUS MEDICAL INC [BABY]

(Check all applicable)

(Last)

**NATUS MEDICAL** 

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) \_X\_ Director X\_ Officer (give title

10% Owner Other (specify

06/08/2015

below) President and CEO

**INCORPORATED, 1501** INDUSTRIAL ROAD

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

SAN CARLOS, CA 94070

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative S	ecurit	ies Acqui	ired, Disposed of	, or Beneficial	ly 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)	4. Securitie oror Disposed (Instr. 3, 4	d of (Ľ	))	5. Amount 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)
Common Stock, \$0.001 par value per share	06/08/2015	06/08/2015	Code V M	Amount 100,000	(D)	Price \$ 16.78	(Instr. 3 and 4) 613,798 (1)	D	
Common Stock, \$0.001 par value per share	06/08/2015	06/08/2015	S	100,000	D	\$ 42.08 (2)	513,798	D	

#### Edgar Filing: NATUS MEDICAL INC - Form 4

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

3. Transaction Date 3A. Deemed

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.

5. Number of

**SEC 1474** 

6. Date Exercisable and

(9-02)

7. Title and Amou

Stock

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

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	Secur Acqui Dispo		Expiration Date (Month/Day/Year)		Underlying Secur (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
Nonqualified	\$ 16.78	06/08/2015	06/08/2015	M		100,000	07/03/2010	06/03/2016	Common	10

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
HAWKINS JAMES B NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	X		President and CEO				

## **Signatures**

1. Title of

**Stock Option** 

/s/ JONATHAN A. KENNEDY, by POWER OF ATTORNEY

06/08/2015 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) Includes 367 shares purchased pursuant to the Company's Employee Stock Purchase Plan since the date of the reporting persons last Form 4.
- This transaction was executed in multiple trades at prices ranging from \$41.86 to \$42.23. The price reported above reflects the weighted 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.

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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