Edgar Filing: NATUS MEDICAL INC - Form 4

NATUS ME Form 4	DICAL INC									
June 15, 201	5									
FORM					CILA	NCEO	OMMERION		PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer									January 31, 2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O							NERSHIP OF	Estimated average		
Form 4 o	Section 16. SECURITIES Form 4 or							burden hours per response 0.5		
Form 5 obligation	*		tion 16(a) of th			•				
may cont See Instru	inue. Section 17(a		the Investment	•	· ·		1935 or Sectior	1		
1(b).	uction			· · · ·	5					
(Print or Type I	Responses)									
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to								son(s) to		
MOORE WILLIAM M			Symbol NATUS MEDICAL INC [BABY]				Issuer			
(Last)	(First) (N		Date of Earliest Tr		ניים		(Check	k all applicable)	
· · ·		(M	lonth/Day/Year)	unsuetron			_X_ Director		Owner	
	S MEDICAL RATED, 1501	06	06/11/2015				Officer (give titleOther (specify below)			
INDUSTRI										
(Street) 4. If Amendment, Date Original 6. Individual						Joint/Group Filing(Check				
		Fil	ed(Month/Day/Year	.)			Applicable Line) _X_ Form filed by O	one Reporting Pe	rson	
SAN CARL	OS, CA 94070						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership Form: Direct		
Security (Instr. 3)	(Month/Day/Year)	any	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially	(D) or			
		(Month/Day/	Year) (Instr. 8)		Owned Following				Ownership (Instr. 4)	
					(A)		Reported		× /	
			Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common			Code V	7 mount	(D)	Thee				
Stock,	06/11/2015	06/11/2014		5 000		\$	21.010	D		
\$0.001 par value per	06/11/2015	06/11/2015	5 A	5,000	А	14.34	21,910	D		
share										
Common										
Stock, \$0.001 par	06/15/2015	06/15/2015	5 S	6,000	D	\$ 41 3	112,402	Ι	By Family	
value per	50/15/2015	00/15/201	,	0,000	D	φ 11.3	112,102	-	Trust	
share										
							4,150	Ι	By Spouse	

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Common Stock, \$0.001 par vale per share

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.

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. Transactic Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nur of Sha
Nonqualified Stock Option	\$ 14.34	06/11/2015	06/11/2015	А	5,000	07/07/2013 <u>(1)</u>	06/07/2019	Common Stock	5,

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MOORE WILLIAM M C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	Х					
Signatures						
/s/ JONATHAN A. KENNEDY, by POWER ATTORNEY	OF		06/15/20)15		
<u>**</u> 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) 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.