#### Edgar Filing: NATUS MEDICAL INC - Form 5

NATUS MEDICAL INC Form 5 February 17, 2016 FORM 5

Check this box if

no longer subject

to Section 16.

5 obligations

may continue. See Instruction

1(b).

Reported

Form 4 Transactions Reported

(Last)

Form 4 or Form

#### **OMB APPROVAL** OMB UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 January 31, Expires: 2005 Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL burden hours per **OWNERSHIP OF SECURITIES** response... 1.0 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer HAWKINS JAMES B Symbol NATUS MEDICAL INC [BABY] (Check all applicable) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) \_X\_ Director 10% Owner \_\_X\_\_ Officer (give title \_ Other (specify 12/31/2015 below) below) NATUS MEDICAL President and CEO INCORPORATED. 1501 INDUSTRIAL ROAD 6. Individual or Joint/Group Reporting (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (check applicable line)

### SAN CARLOS. CAÂ 94070

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

(City)	(State)	(Zip) Tabl	le I - Non-Der	ivative Sec	curiti	es Acquir	ed, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit (A) or Di (Instr. 3, ) Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	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	11/13/2015	11/13/2015	G	2,000 (1)	D	\$ 46.69	374,974	D	Â
Common Stock, \$0.001 par	04/15/2015	04/15/2015	G	100 (1)	D	\$ 39.55	374,874	D	Â

value 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 informationSEC 2270contained in this form are not required to respond unless(9-02)the form displays a currently valid OMB control number.(9-02)

 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. Transaction Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	ant of rlying	8. Price of Derivative Security (Instr. 5)	9. of D S B O Eı Is Fi (I
				4, and 5)	Date	Expiration	Title	Amount or Number		

	Date	Evaluation		or
		Expiration Date	Title	Number
	Exercisable	Date		of
(A) (D)				Shares

# **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	ÂX	Â	President and CEO	Â			
Signatures							
/s/ JONATHAN A. KENNEDY, by POW ATTORNEY		01/01/2016					
<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) Shares donated as bona fide gift by reporting party.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.