NATUS MEDICAL INC

Form 4 April 26, 2016

FORM 4

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

OMB

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

3235-0287 Number: January 31, Expires:

2005

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OMB APPROVAL

Form 4 or Form 5 obligations

may continue.

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 30(h) of the Investment Company Act of 1940

burden hours per response...

Estimated average

See Instruction

(Last)

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * **Engibous Doris**

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

(First)

(Middle)

NATUS MEDICAL INC [BABY]

(Check all applicable)

C/O NATUS MEDICAL

3. Date of Earliest Transaction

(Month/Day/Year) 04/22/2016

_X__ Director 10% Owner Other (specify Officer (give title

INCORPORATED, 1501 INDUSTRIAL ROAD

> (Street) 4. If Amendment, Date Original

> > Filed(Month/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

Issuer

SAN CARLOS, CA 94070

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, 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. Transaction Code (Instr. 8)	4. Securities Acquired ion(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock, \$0.001 par value per share	04/22/2016	04/22/2016	M	5,000	A	\$ 16.78	18,250	D	
Common Stock, \$0.001 par value per share	04/22/2016	04/22/2016	S	5,000	D	\$ 32.68 (1)	13,250	D	

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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

6. Date Exercisable and

SEC 1474 (9-02)

7. Title and Amount

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	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code	onof Derivative Securities	Expiration Date (Month/Day/Year)		Underlying Securitie (Instr. 3 and 4)	
		Price of Derivative Security			(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
	Nonqualified Stock Option	\$ 16.78	04/22/2016	04/22/2016	M	5,000	07/03/2010	06/03/2016	Common Stock	5,00

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

Engibous Doris C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070



Signatures

1. Title of

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

04/26/2016

**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).
- This transaction was executed in multiple trades at prices ranging from \$42.00 to \$42.43. 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.

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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