## Edgar Filing: NATUS MEDICAL INC - Form 4

NATUS MEI Form 4 June 03, 2016											
FORM	1							OMB AF	PROVAL		
	UNITEDSI	Washington, D.C. 20549							3235-0287 January 31,		
Check this if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATEME</b> 6. Filed pursu <sup>18</sup> Section 17(a)	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940									
(Print or Type R	esponses)										
1. Name and Ad MOORE WI	. Issuer Name <b>and</b> mbol ATUS MEDIC			-	5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (Mid	dle) 3. I	Date of Earliest Tr	ansaction			(Cneci	k all applicable	)		
C/O NATUS INCORPOR INDUSTRIA	onth/Day/Year) /02/2016	-				X_ Director 10% Owner Officer (give title Other (specify below) below)					
SANCADI	(Street)	Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
SAN CARLOS, CA 94070											
1.Title of Security (Instr. 3)	2. Transaction Date 2 (Month/Day/Year) F	Transaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			ties A	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Stock, \$0.001 par value per share	06/02/2016		А	Amount 4,400 (1)	A	\$ 33.46	26,310	D			
Common Stock, \$0.001 par value per share							97,402	I	By Family Trust		
							4,150	Ι	By Spouse		

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

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)	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	S	Date	7. Title Amoun Underly Securit (Instr. 3	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

### **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other MOORE WILLIAM M C/O NATUS MEDICAL INCORPORATED X 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070 Signatures /s/ JONATHAN A. KENNEDY, by POWER OF **ATTORNEY** 06/03/2016 \*\*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).

(1) The shares vest in full on the first anniversary of the date of the award.

#### **Reporting Owners**

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

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.