## Edgar Filing: NATUS MEDICAL INC - Form 4

NATUS ME Form 4 August 17, 2								
FORN Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may cont <i>See</i> Instrr 1(b).	is box ger <b>STATEN</b> 6. r Filed pur ns Section 17(	<b>0549</b> FICIAL OW ities Exchang	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectior 40	OMB Number: Expires: Estimated a burden hour response	•			
(Print or Type I	Responses)							
HAWKINS JAMES B Symb			suer Name <b>and</b> Ticker of ol US MEDICAL ING	5. Relationship of Reporting Person(s) to Issuer				
(1			e of Earliest Transaction h/Day/Year) 7/2016	(Check all applicable) <u>X</u> Director <u>X</u> Officer (give title <u>10%</u> Owner below) President and CEO				
Filed(Mon			mendment, Date Origin Month/Day/Year)	al	<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>			
	OS, CA 94070				Person		Jording	
(City)	(State)	(Zip) 7	able I - Non-Derivativ	e Securities Acq	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		if Transaction(A) or I Code (Instr. 3	, 4 and 5) (A) or	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$0.001 par value per share	08/17/2016	08/17/2016	F 20,218	3 D <sup>\$</sup> 39.07	449,725 <u>(1)</u>	D		

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

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 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. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
F	Director	10% Owner	Officer	Other		
HAWKINS JAMES B NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	Х		President and CEO			
Signatures						
/s/ JONATHAN A. KENNEDY, by POW ATTORNEY	VER OF		08/17/2016			

<u>\*\*</u>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 502 shares purchased pursuant to the Company's Employee Stock Purchase Plan since the date of the reporting persons last Form 4.

Date

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.