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LUDLUM K Form 4 August 06, 2										
FORM	14				~~~	NGEO		OMB AF	PROVAL	
	UNITED	STATES SECUI Wa				NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	ger 5 16. 5 5 5 5 5 5 5 5 5 5 5 5 5	ENT OF CHAN suant to Section 1 a) of the Public U	Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section) of the Investment Company Act of 1940						Expires: January 31 2005 Estimated average burden hours per response 0.5	
(Print or Type I	Responses)									
1. Name and A LUDLUM 1	Address of Reporting F KEN	Symbol	r Name and 5 MEDIC.			-	5. Relationship of Issuer			
(Last)	(First) (M		f Earliest Tr		L	-	(Chec)	k all applicable)	
INCORPOR	S MEDICAL RATED, 6701 KO ARKWAY, SUIT	08/02/2 LL	Day/Year) 018				X Director Officer (give below)		Owner er (specify	
	(Street)		endment, Da nth/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by C			
PLEASAN	ГОN, CA 94566						Form filed by M Person			
(City)	(State)	(Zip) Tab	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securities Acquired or(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, \$0.001 par value per share	08/02/2018	08/02/2018	М	5,000	A	\$ 14.34	98,957	D		
Common Stock, \$0.001 par value per share	08/02/2018	08/02/2018	S	5,000	D	\$ 36.89 (1)	93,957	D		
	08/02/2018	08/02/2018	М	3,000	А	\$ 24.5	96,957	D		

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Common Stock, \$0.001 par value per share								
Common Stock, \$0.001 par value per share	08/02/2018	08/02/2018	S	3,000	D	\$ 36.89 (1)	93,957	D

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. Transactio Code (Instr. 8)	5. Number action of Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		E Derivative Expiration Date ecurities (Month/Day/Year) cquired A) or isposed of D) nstr. 3, 4,		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Nonqualified Stock Option	\$ 14.34	08/02/2018	08/02/2018	М		5,000	07/07/2013	06/07/2019	Common Stock	5,00
Nonqualified Stock Option	\$ 24.5	08/02/2018	08/02/2018	М		3,000	07/05/2014	06/05/2020	Common Stock	3,00

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LUDLUM KEN C/O NATUS MEDICAL INCORPORATED 6701 KOLL CENTER PARKWAY, SUITE 120 PLEASANTON, CA 94566	Х					

Signatures

/s/ WILLIAM B. HILL, by POWER OF ATTORNEY

08/06/2018

**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 \$36.83 to \$36.90. 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.