#### NATUS MEDICAL INC

Form 4 June 06, 2013

## FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

Form 4 or
Form 5 Filed pursuant to Section 16(a) of the

Estimated average burden hours per response... 0.5

**OMB APPROVAL** 

Form 5 obligations may continue. *See* Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MOORE WILLIAM M			2. Issuer Name <b>and</b> Ticker or Trading Symbol NATUS MEDICAL INC [BABY]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction	(One)	on an approver	• •	
C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD			(Month/D 06/04/20	•		X Director Officer (give below)			
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SAN CARLO	OS, CA 94070					Person		1	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Securities Acq	quired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security	2. Transaction D (Month/Day/Yea			3. Transactio	4. Securities Acquired on(A) or Disposed of	5. Amount of Securities	6. Ownership Form: Direct	7. Nature Indirect	

(City)	(State) (	Zip) Table	e I - Non-D	erivative S	ecurit	ies Acc	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	Security (Month/Day/Year) E		3. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock,			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
\$0.001 par value per share	06/03/2013	06/03/2013	A	20,000	A	\$0	87,660	D	
Common Stock, \$0.001 par value per share							54,892	I	By Family Trust
							4,150	I	By Spouse

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 SEC 1474 information contained in this form are not required to respond unless 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Nonqualified Stock Option	\$ 5.77	06/04/2013	06/04/2013	M	10,000	06/11/2005	06/11/2014	Common Stock	10,0
Nonqualified Stock Option	\$ 4.65	06/04/2013	06/04/2013	M	10,000	07/18/2004	07/18/2013	Common Stock	10,0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MOORE WILLIAM M C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	X					

#### **Signatures**

/s/ STEVEN J. MURPHY, by Power of 06/06/2013 Attorney

\*\*Signature of Reporting Person

Reporting Owners 2

Date

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

#### **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).

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.