Kennedy Jonathan Form 4 August 29, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue.

See Instruction 1(b).

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Last)

(City)

Common Stock,

\$0.001 par

value per share

1. Name and Address of Reporting Person * Kennedy Jonathan

> (First) (Middle)

C/O NATUS MEDICAL INCORPORATED, 6701 KOLL **CENTER PARKWAY, SUITE 120**

(Street)

(State)

08/24/2018

PLEASANTON, CA 94566

(Zip)

2. Issuer Name and Ticker or Trading Symbol

NATUS MEDICAL INC [BABY]

3. Date of Earliest Transaction (Month/Day/Year) 08/24/2018

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

_X__ Director X_ Officer (give title

Issuer

below)

X Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

President and CEO

1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acqui	ired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Disposed of	f (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)		Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)			Owned	(D) or	Ownership
						Following	Indirect (I)	(Instr. 4)
				()		Reported	(Instr. 4)	
				(A)		Transaction(s)		
			C + V	or	ъ.	(Instr. 3 and 4)		

Code V Amount (D)

Price

22,695 Α 130,283 D

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

08/24/2018

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OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

response... 0.5

10% Owner

Other (specify

SEC 1474 (9-02)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Am Underlying Sec (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	A O N
Non-qualified Stock Option	\$ 35.25	08/24/2018	08/24/2018	A	74,124	07/11/2019(2)	07/11/2024	Common Stock	7

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips					
	Director	10% Owner	Officer	Other		
Kennedy Jonathan						
C/O NATUS MEDICAL INCORPORATED 6701 KOLL CENTER PARKWAY, SUITE 120	X		President and CEO			

Signatures

PLEASANTON, CA 94566

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

08/29/2018

Deletionship

**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) Performance Restricted Stock will be eligible to vest after 2.5 years and based upon performance goals set forth.
- (2) Stock Options vest over 4 years from the date of the grant. 25% will vest on the first anniversary of the grant, 25% on the second anniversary of the grant, 25% on the third anniversary of the grant, and 25% on the fourth anniversary of the grant.

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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