Edgar Filing: Heine Lisa Wipperman - Form 4

| Heine Lisa V Form 4 | Vipperman | | | | | | | | | | |
|---|---|--|--|-----------|------------------|--|--|--|--|--|--|
| March 11, 20 | | | | | | | | OMB AF | PROVAL | | |
| FORM | UNITED | ITIES AND EXCHANGE COMMISSION hington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | | |
| Check th if no long subject to Section 1 Form 4 c | ser STATEM 16. | x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | January 31, 2005 werage rs per 0.5 | | |
| Form 5 obligatio may com <i>See</i> Instr 1(b). | ns Section 17(a | 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) | | | | | | | | | | |
| 1. Name and A Heine Lisa | Symbol | 2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) | (First) (N | | | | L | | (Check all applicable) | | | | |
| INCORPOR | S MEDICAL RATED, 6701 KO ARKWAY, SUIT | | • | | | | X Director Officer (give below) | | Owner er (specify | | |
| | (Street) | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | | |
| PLEASAN | ΓΟΝ, CA 94566 | | | | | | Form filed by M Person | lore than One Re | porting | | |
| (City) | (State) | (Zip) Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| (Instr. 3) any | | Execution Date, if | n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Stock, \$0.001 par value per share | 03/07/2019 | 03/07/2019 | Р | 100 | A | \$ 27.18 | 4,232 | 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.

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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. Transactio Code (Instr. 8) | of | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---------|---------------------|--------------------|---|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|------------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Heine Lisa Wipperman C/O NATUS MEDICAL INCORPORATED 6701 KOLL CENTER PARKWAY, SUITE 120 PLEASANTON, CA 94566 | Х | | | | | |
| Signatures | | | | | | |
| /s/ WILLIAM B. HILL, by POWER OF ATTORNEY | | 03/11/2019 | | | | |
| **Signature of Reporting Person | | Date | | | | |
| Evaluation of Decrements | | | | | | |

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.