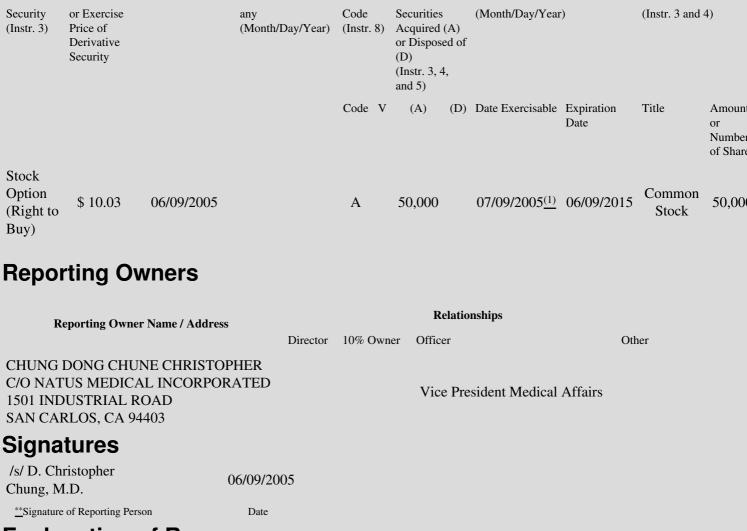
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NATUS M	EDICAL INC											
Form 4												
June 10, 20												
FORM		CT A TEC	SECU	DITIES		ND EV		NCT		Т	APPROVAL	
		S AND EXCHANGE COMMISSION ton, D.C. 20549					Number:	3235-0287				
Check this box										Expires:	January 31,	
	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS								WNERSHIP OF	Estimated	2005 average	
Section	SECURITIES							burden hours				
Form 4 Form 5						- 1	A (61004	0.5				
obligati	ong *								nge Act of 1934, of 1935 or Section	on		
may con	nunue.			nvestme		•	-	•		011		
<i>See</i> Inst 1(b).	ruction	50(11)		in vestine.	110	compu	11 <i>y</i> 1 10	01 01 1				
	Desmanaes)											
(Print or Type	Responses)											
1. Name and Address of Reporting Person [*]				2. Issuer Name and Ticker or Trading				ing	5. Relationship of Reporting Person(s) to			
	ONG CHUNE		Symbol						Issuer			
CHRISTO		NATUS MEDICAL INC [BABY]				BY]	(Check all applicable)					
(Last)	(First) (A	Middle)	3. Date of Earliest Transaction					, ,		,		
				Day/Year))				Director 10% Owner X Officer (give title Other (specify			
	JS MEDICAL RATED, 1501		06/09/	2005					below) below)			
	IAL ROAD								Vice Pre	sident Medical	Affairs	
1000011	(Street)		1 If Am	andmant	Dat	o Origin	o1		6 Individual or	Igint/Group Fili	ng(Chaols	
				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 1100(111	onin, 2 uj, 1	c)				_X_ Form filed by			
SAN CAR	LOS, CA 94403								Form filed by Person	More than One R	Reporting	
(City)	(State)	(Zip)	Tal	ble I - Non	1-De	erivative	e Secu	rities A	Acquired, Disposed	of, or Beneficia	ally Owned	
1.Title of	2. Transaction Date	2A. Deem	ed	3.	2	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if	Transact		onAcquired (A) or		r	Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/Day/Yea		Code		Disposed of (D)		·	Beneficially	(D) or Indirect		
				(Instr. 8)) ((Instr. 3, 4 and 5)		5)		(I) (Instr. 4)	Ownership (Instr. 4)	
							(A)		Reported		. ,	
							or		Transaction(s) (Instr. 3 and 4)			
				Code V	V.	Amount	(D)	Price	(Instr. 5 and 4)			
Reminder: Re	port on a separate line	e for each cl	ass of sec	curities ber	nefi	cially ow	ned di	irectly	or indirectly.			
									spond to the colle		SEC 1474	
									tained in this form ond unless the fo		(9-02)	
						displa	ays a	-	ntly valid OMB co			
						numb	ber.					
	Tab	le II - Doris	vative So	curities A	ca11	ired Di	snocod	l of or	Beneficially Owned	1		
	140								securities)	•		
1 77.41 6	о от	C D	24 0	1		4	5 3	T 1	C C D C D ·	11 1	7 77.4 1	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and	Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	iorDerivative	Expiration Date	Underlying	Securities

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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) The option vests in 48 equal monthly installments beginning on the date of 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.