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

NATUS ME	DICAL INC										
Form 4 June 03, 201	4										
	1 /								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer CTLATEMENT OF CHANCES IN DENEEDCHAL OWNEDCHID OF								Expires:	January 31, 2005		
Section 1 Form 4 o	subject to Section 16. SECURITIES Form 4 or					NEKSHIP OF	Estimated a burden hou response	hours per			
Form 5 obligations may continue. See Instruction 1(b). 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 I	Responses)										
LUDLUM KEN S			2. Issuer Name <b>and</b> Ticker or Trading Symbol NATUS MEDICAL INC [BABY]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)				3. Date of Earliest Transaction				(Check all applicable)			
(			(Month/Day/Year) 05/30/2014					X_ Director 10% Owner Officer (give title Other (specify below) below)			
Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting							
r cisoii											
(City)		(Zip)					_	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8)		spose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
G				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, \$0.001 par value per share	05/30/2014	05/30/2	2014	М	2,500	A	\$ 20.09	82,200	D		
Common Stock, \$0.001 par value per share	05/30/2014	05/30/2	2014	S	2,500	D	\$ 24.77	79,700	D		

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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. Transacti Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nur of Sha
Nonqualified Stock Option	\$ 20.09	05/30/2014	05/30/2014	М	2,500	06/10/2008 <u>(1)</u>	06/10/2014	Common Stock	2,:

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
LUDLUM KEN C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	Х					
Signatures						
/s/ JONATHAN A. KENNEDY, by Power of Attorney	06/02/2014					
**Signature of Reporting Person		Date	e			

## **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 options vest in 12 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.