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NATUS ME	DICAL INC										
Form 4											
November 3											
FORM	14 UNITED	STATES	SECUE	RITIES A	ND EX(ТНА	NGE C	OMMISSION		PROVAL	
				shington,					Number:	3235-0287	
Check th				0 /					Expires:	January 31,	
if no long subject to Section 1 Form 4 o		SECUR	RITIES			NERSHIP OF	Estimated a burden hour response				
Form 5 obligatio may cont See Instru 1(b).	ns Section 17(a	a) of the l	Public U		ding Con	ipany	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type I	Responses)										
HAWKINS JAMES B Sy				r Name and 5 MEDIC			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	Middle)				[2112		(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 11/25/2015					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President and CEO			
SAN CARL	(Street) .OS, CA 94070			endment, Da nth/Day/Year	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	one Reporting Per	rson	
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Securi	ities Aca	uired, Disposed of.	or Beneficial	v Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ned n Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$0.001 par value per share	11/25/2015	11/25/2	015	Code V	Amount 14,103	or (D) D	Price \$ 48.86 (1)	(Instr. 3 and 4) 420,682	D		
Common Stock, \$0.001 par value per share	11/27/2015	11/27/2	015	S	43,408	D	\$ 49.17 (2)	377,274	D		

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration	-	or		
						Exercisable Date	Title Number				
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HAWKINS JAMES B NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	Х		President and CEO				
Signatures							
/s/ JONATHAN A. KENNEDY, by POW ATTORNEY	VER OF		11/30/2015				
<u>**</u> 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).

This transaction was executed in multiple trades at prices ranging from \$48.80 to \$49.13. The price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

This transaction was executed in multiple trades at prices ranging from \$49.10 to \$49.34. The price reported above reflects the weighted(2) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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