#### NATUS MEDICAL INC

Form 4 April 28, 2016

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Number: January 31, Expires: 2005

0.5

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

Estimated average

See Instruction

1(b).

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \* **GUNST ROBERT A** 

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

(Last) (First) (Middle) NATUS MEDICAL INC [BABY]

(Check all applicable)

C/O NATUS MEDICAL

3. Date of Earliest Transaction

(Month/Day/Year) 04/26/2016

\_X\_\_ Director 10% Owner Other (specify Officer (give title

**INCORPORATED, 1501** INDUSTRIAL ROAD

> (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 Form filed by More than One Reporting

SAN CARLOS, CA 94070

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities Acquired ction(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or			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)
			Code V	Amount		Price	(Instr. 3 and 4)		
Common Stock, \$0.001 par value per share	04/26/2016	04/26/2016	M	5,000	A	\$ 16.78	55,000	D	
Common Stock, \$0.001 par value per share	04/26/2016	04/26/2016	S	5,000	D	\$ 34.61	50,000	D	

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

3. Transaction Date 3A. Deemed

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.

6. Date Exercisable and

5. Number

**SEC 1474** 

(9-02)

7. Title and Amount

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

De	rivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date		Underlying Securitie	
Sec	curity	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8)	Acquired				
		Derivative				(A) or				
		Security				Disposed of				
						(D)				
						(Instr. 3, 4,				
						and 5)				
										Amou
							Date	Expiration	TC:41	or
							Exercisable	Date	Title	Number of
					Code V	(A) (D)				Shares
					Couc v	(A) (D)				Silares
No	onqualified	¢ 16.70	04/06/0016	0.4/0.6/0.01.6		5,000	06/02/2011	06/02/2016	Common	<b>5</b> 00
	ock Option	\$ 16.78	04/26/2016	04/26/2016	M	5,000	06/03/2011	06/03/2016	Stock	5,00

# **Reporting Owners**

2.

Reporting Owner Name / Address

Director 10% Owner Officer Other

GUNST ROBERT A C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070



## **Signatures**

1. Title of

/s/ JONATHAN A. KENNEDY, by POWER OF ATTORNEY

04/28/2016 Date

\*\*Signature of Reporting Person

## **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.

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