NATUS MEDICAL INC

Form 4 June 07, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

8,572

I

January 31, Expires: 2005

OMB APPROVAL

3235-0287

0.5

Estimated average burden hours per

response...

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations

may continue. See Instruction

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

2. Issuer Name and Ticker or Trading

1(b).

share

(Print or Type Responses)

1. Name and Address of Reporting Person *

TRAVERS	O KENNETH M	Symbol NATUS	S MEDIC	AL INC [ВАВ	5 [Y]	Issuer	1 11 11 11	
	S MEDICAL RATED, 1501	Middle) 3. Date of (Month/E) 06/05/2	•	ansaction			DirectorX Officer (give below)		Owner er (specify
SAN CARL	(Street)		endment, Da nth/Day/Year	_			6. Individual or J Applicable Line) _X_ Form filed by Form filed by Person	_	erson
(City)	(State)	(Zip) Tabl	le I - Non-D	erivative S	Securi	ties Acq	uired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactic Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock, \$0.001 par value per share	06/05/2013	06/05/2013	M	22,682	, ,	\$ 4.51	144,926	D	
Common Stock, \$0.001 par value per	06/05/2013	06/05/2013	S	22,682	D	\$ 14.3 (1)	122,244	D	

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Common Stock,			By Family Trust
\$0.001 par			11000
value per			
share			
Common			
Stock,			
\$0.001 par	10,500	I	By IRA
value per			
share			
Common			
Stock,			D _v ID A
\$0.001 par	4,100	I	By IRA for Spouse
value per			Tor Spouse
share			
Reminder: Report on a separate line for each class of securities ben	eficially owned directly or indirectly.		
	Persons who respond to the coll	ection of	SEC 1474

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

number.

information contained in this form are not

required to respond unless the form displays a currently valid OMB control

(9-02)

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. Transactic Code (Instr. 8)	5. Number of orDerivative 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 Nu of S
Incentive Stock Option (Right to Buy)	\$ 4.51	06/05/2013	06/05/2013	M	8,582	03/25/2004	02/25/2014	Common Stock	8,
Non-Qualified Stock Option	\$ 4.51	06/05/2013	06/05/2013	M	14,100	12/25/2006	02/25/2014	Common Stock	34

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
			VP Marketing and Sales			

Reporting Owners 2

TRAVERSO KENNETH M C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070

Signatures

/S/ STEVEN J. MURPHY, by Power of Attorney

06/07/2013

**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 \$14.26 to \$14.30. The price reported above reflects the weighted 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. 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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