#### NATUS MEDICAL INC

Form 4

October 30, 2013

### FORM 4

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

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

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Estimated average

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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**OMB APPROVAL** 

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

1(b).

(Print or Type Responses)

10/29/2013

10/29/2013

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5,000

D

122,201

D

1. Name and Address of Reporting Person * TRAVERSO KENNETH M			2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY]				5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle)  C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD			3. Date of Earliest Transaction (Month/Day/Year) 10/28/2013				(Check all applicable)  Director 10% Owner Officer (give title Other (specify below)  VP Marketing and Sales					
(Street) SAN CARLOS, CA 94070			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 Person					
(City)	(State)	(Zip)	able I - Non-I	Derivative :	Securi		uired, Disposed of	f, or Beneficial	Owner r (specify es g(Check son porting y Owned 7. Nature of Indirect			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye.	ion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)  (A) Or  (A) Or		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)	Indirect Beneficial Ownership				
Common Stock, \$0.001 par value per share	10/28/2013	10/28/2013	M	20,000	A		147,201	D				
Common Stock, \$0.001 par value per share	10/28/2013	10/28/2013	S	20,000	D	\$ 19.5	127,201	D				
			~									

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Common Stock, \$0.001 par value per share	\$ 19.72			
Common Stock, \$0.001 par value per share		8,572	I	By Family Trust
Common Stock, \$0.001 par value per share		10,500	I	By IRA
Common Stock, \$0.001 par value per share		4,100	I	By IRA for Spouse

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Transaction Code (Instr. 8)	Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securit (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Nonqualified Stock Option	\$ 4.51	10/28/2013	10/28/2013	M		20,000	03/25/2004	02/25/2014	Common Stock	20,0

### **Reporting Owners**

Relationships Reporting Owner Name / Address

Reporting Owners 2

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Director 10% Owner Officer Other

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

VP Marketing and Sales

# **Signatures**

/S/ JONATHAN A. KENNEDY, By Power of Attorney

10/30/2013

\*\*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).

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.

Signatures 3