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| NATUS ME Form 4 August 20, 2 | | | | | | | | | | |
|--|---|------------|---------------------------------------|---|--|--|--------------------|--|--|--|
| | _ | | | | | OMB AF | PPROVAL | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | 3235-0287 | | | |
| Check thi if no long | ger STATEM | ENT OF CH | ANGES IN BEN | NERSHIP OF | Expires: | January 31, 2005 | | | | |
| subject to Section 1 Form 4 or | 6. | | SECURITI | | Estimated average burden hours per response 0.1 | | | | | |
| 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 F | Responses) | | | | | | | | | |
| 1. Name and A MOORE W | address of Reporting F | Symb | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Least) | (Eirst) (N | | US MEDICAL I e of Earliest Transac | | (Check all applicable) | | | | | |
| (Last) (First) (Middle) | | | h/Day/Year) | uon | X Director Officer (give | Owner er (specify | | | | |
| | S MEDICAL RATED, 1501 AL ROAD | 08/18 | 3/2015 | | below) | below) | speeny | | | |
| | (Street) 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| SAN CARL | OS, CA 94070 | Filed(| Month/Day/Year) | | Applicable Line) _X_ Form filed by C Form filed by M | | | | | |
| (City) | (State) (| (Zip) T | able I - Non-Deriva | tive Securities Ac | Person quired, Disposed of | , or Beneficial | ly Owned | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | if Transaction(A) Code (Ins | ecurities Acquired or Disposed of (D) tr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| | | | Code V Am | (A) or ount (D) Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common | | | | June (D) Thee | | | | | | |
| Stock, \$0.001 par value per share | 08/18/2015 | 08/18/2015 | S 3,0 | 00 D ^{\$} 45.62 | 105,402 | Ι | By Family Trust | | | |
| Common Stock, \$0.001 par value per | | | | | 21,910 | D | | | | |
| share | | | | | 4,150 | I | By Spouse | | | |

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Common Stock, \$0.001 par vale per share

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)

| Der Seci | Title of ivative urity (tr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|-------------|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / AddressRelationsHimDirector10% OwnerOfficerOtherMOORE WILLIAM M
C/O NATUS MEDICAL INCORPORATED
1501 INDUSTRIAL ROAD
SAN CARLOS, CA 94070XImage: Strain Stra

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.

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