NATUS MEDICAL INC

Form 4 May 30, 2017

FORM 4

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

OMB

OMB APPROVAL

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

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)

| | Address of Repo | rting Person * | 2. Issuer Name | | | |
|------------|-----------------|----------------|--------------------|--|--|--|
| Engibous D | Symbol | | | | | |
| | | | NATUS MED | | | |
| (Last) | (First) | (Middle) | 3 Data of Farliage | | | |

5. Relationship of Reporting Person(s) to and Ticker or Trading Issuer

DICAL INC [BABY]

(Check all applicable)

C/O NATUS MEDICAL **INCORPORATED, 1501** INDUSTRIAL ROAD

Date of Earliest Transaction (Month/Day/Year)

05/25/2017

_X__ Director 10% Owner Officer (give title Other (specify below)

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

(Street)

| (City) | (State) | (Zip) Tabl | e I - Non-I | Derivative S | ecur | ities Acq | uired, Disposed o | f, 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. Transaction Code (Instr. 8) | | pose | d 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 | 05/25/2017 | 05/25/2017 | M | 5,000 | A | \$ 16.38 | 22,650 | D | |
| Common Stock, \$0.001 par value per share | 05/25/2017 | 05/25/2017 | S | 5,000 | D | \$ 32.68 | 17,650 | 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.

5. Number

6. Date Exercisable and

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)

| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration Date (Month/Day/Year) | | Underlying Securitie (Instr. 3 and 4) | |
|--------------------------------------|---|------------------|---|-----------------------------------|---|-------------------------------------|--------------------|---------------------------------------|---------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amour or Number of Shares |
| Nonqualific Stock Option | 3 ID 38 | 05/25/2017 | | M | 5,000 | 07/01/2011 | 06/01/2017 | Common Stock | 5,00 |

4.

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

Engibous Doris C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070



Signatures

1. Title of

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

05/30/2017 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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