Edgar Filing: Noll Austin Francis III - Form 4

Noll Austin	Francis III								
Form 4	2010								
January 03, 2	_								
FORM	14 UNITEDS	STATES SECU	RITIES A	ND EXC	CHAN	NGE (COMMISSION		PPROVAL
			shington					Number:	3235-0287
Check th if no long	aer.							Expires:	January 31,
subject to Section 1 Form 4 o Form 5	6. r		CHANGES IN BENEFICIAL OWNE SECURITIES					Estimated a burden hou response	rs per
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the Public U 30(h) of the In	tility Hole	ding Com	pany	Act of	f 1935 or Section	1	
(Print or Type I	Responses)								
1. Name and A Noll Austin	Symbol	2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	fiddle) 3. Date of	of Earliest T	ransaction			(Chech	к ан аррпсаве	;)
	EDICAL RATED, 6701 KO ARKWAY, SUIT	12/31/2 LL	Day/Year) 2017				Director X Officer (give below) VP/C		• Owner er (specify
	(Street)		endment, Da	ate Original			6. Individual or Jo	int/Groun Filir	ισ(Check
PLEASAN	ГОN, CA 94566		onth/Day/Year	-			Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Pe	erson
(City)	(State)	(Zip) Tak							
						-	uired, Disposed of		-
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 3, 4 and 5)		of (D)	Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock, \$0.001 par value per share	12/31/2017	12/31/2017	F	5,677	D	\$ 38.2	66,101	D	
Common Stock, \$0.001 par value per share	01/02/2018	01/02/2018	А	15,800 (1)	A	\$ 38.2	81,901	D	

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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)

	2.			4.	5.					8. Price of	9. Nu
rivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
curity	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
str. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Noll Austin Francis III NATUS MEDICAL INCORPORATED 6701 KOLL CENTER PARKWAY, SUITE 120 PLEASANTON, CA 94566			VP/GM Neurology			
Signatures						

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

01/03/2018 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).
- (1) Restricted Stock Award vest over 4 years from the date of the grant. 50% will vest on the second anniversary of the grant, 25% on the third anniversary of the grant, and 25% on the fourth anniversary of the grant.

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.