### NATUS MEDICAL INC

Form 4

Common

Stock,

11/25/2015

11/25/2015

M

November 30	), 2015									
<b>FORM</b>	<b>  4</b>			NID EWC	YTT A <b>B</b>	JOE O	OMMICCION	OMB AF	PROVAL	
	UNITEDS					NGE CO	OMMISSION	OMB Number:	3235-0287	
Check thi if no long	er							Expires:	January 31, 2005	
subject to Section 1 Form 4 or	6. <b>SIAIE</b> .VI	IENT OF CH	IANGES IN 1 SECUR	IND.C. 20549  Ind. IND.C. 20549  Ind. IND.C. 20549  Ind. Ind. Ind. Ind. Ind. Ind. Ind. Ind.	verage					
Form 5 obligation may continued to See Instruction 1(b).	Section 17(a	a) of the Publi	c Utility Hold	ling Com	pany	Act of	1935 or Section	ı		
Print or Type R	Responses)									
Noll Austin Francis III Symb										
(Last)	(First) (N		ate of Earliest Tr		.D/ \D	1	(Check	all applicable	)	
1501 INDUS	STRIAL ROAD	(Mo	nth/Day/Year) 25/2015				X_ Officer (give below)	titleOthe		
CAN CADI	(Street) OS, CA 94070		Amendment, Da l(Month/Day/Year	_			Applicable Line) _X_ Form filed by O	ne Reporting Per	rson	
							Person			
(City)	(State)	(Zip)	Table I - Non-D			_	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	Code ear) (Instr. 8)	n(A) or Dis	posed and 5 (A) or	of (D)	Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, \$0.001 par value per share	11/25/2015	11/25/2015	M	17,125	A	\$ 11.92	75,059	D		
Common Stock, \$0.001 par value per share	11/25/2015	11/25/2015	S	17,125	D	\$ 48.4 (1)	57,934	D		

21,750 A \$

14.34

79,684

D

#### Edgar Filing: NATUS MEDICAL INC - Form 4

\$0.001 par value per share

Common

Stock,

\$0.001 par 11/25/2015 11/25/2015 S 21,750 D \$48.4 57,934 D

value 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.

SEC 1474

(9-02)

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)	Transaction Code S (Instr. 8) A (Code Code Code Code Code Code Code Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Am Underlying Sec (Instr. 3 and 4)
				Code V (	(A) (D)	Date Exercisable	Expiration Date	Title O
Non-qualified Stock Option	\$ 11.92	11/25/2015	11/25/2015	M	17,125	10/07/2012(2)	09/07/2018	Common Stock
Nonqualified Stock Option	\$ 14.34	11/25/2015	11/25/2015	M	21,750	07/07/2013(3)	06/07/2019	Common Stock 2

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Noll Austin Francis III 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070

VP/GM Neurology

## **Signatures**

/s/ JONATHAN A. KENNEDY, by POWER OF

ATTORNEY 11/30/2015

\*\*Signature of Reporting Person Date

Reporting Owners 2

### **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 \$48.00 to \$48.78. The price reported above reflects the weighted
- (1) 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.
- (2) The option vests in 48 equal monthly installments beginning on the date of grant.
- (3) The option vests in 48 equal monthly installments beginning on the date 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.