#### NATUS MEDICAL INC

Form 4

January 05, 2017

## FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

**OMB APPROVAL** 

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

2. Issuer Name and Ticker or Trading

Symbol

response...

5. Relationship of Reporting Person(s) to

Issuer

129,850

34.8

D

burden hours per

1(b).

\$0.001 par

value per share

01/01/2017

01/01/2017

(Print or Type Responses)

**CHUNG DONG CHUNE** 

1. Name and Address of Reporting Person \*

CHRISTOPHER  (Last) (First) (Middle)  C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD  (Street)  SAN CARLOS, CA 94070				NATUS MEDICAL INC [BABY]						(Check all applicable)  Director 10% OwnerX_ Officer (give title Other (specify below)  Vice President Medical Affairs  6. Individual or Joint/Group Filing(Check Applicable Line)X_ Form filed by One Reporting Person Form filed by More than One Reporting Person Person			
				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2017									
				4. If Amendment, Date Original Filed(Month/Day/Year)									
	(City)	Table I - Non-Derivative Securities Acq						quired, Disposed of, or Beneficially Owned					
	1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Executive (Month/Day/Ye		Execution Date, if Transaction			4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)  7. Nature of Indirect Indirect Ownership (Instr. 4)		
	Common Stock, \$0.001 par value per share	01/01/2017	01/01/2	2017	Code F	V	Amount 3,290	(D)	Price \$ 34.8	120,650	D		
	Common Stock,						0.200		¢				

9,200

(1)

A

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

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)

> 9. Nu Deriv Secur Bene

Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	tionNumber	Expiration D	ate	Amou	nt of	Derivative	
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	) Derivative			Securities	(Instr. 5)		
		Derivative				Securities			(Instr. 3 and 4)			
		Security				Acquired						
						(A) or						
						Disposed						
						of (D)						
						(Instr. 3,						
						4, and 5)						
										Amount		
							Date	Expiration		or		
							Exercisable	Date		Number		
										of		
					Code V	I(A)(D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CHUNG DONG CHUNE CHRISTOPHER C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070

Vice President Medical Affairs

## **Signatures**

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

01/05/2017

\*\*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).
- (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.

Reporting Owners 2