#### NATUS MEDICAL INC

Form 4/A June 06, 2013

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

54,892

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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

may continue. See Instruction

1. Name and Address of Reporting Person \*

1(b).

(Print or Type Responses)

MOORE WILLIAM M

			NA	NATUS MEDICAL INC [BABY]			(Check all applicable)			
(Last) (First) (Middle)  C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD			(Mo	3. Date of Earliest Transaction (Month/Day/Year) 06/04/2013				_X_ Director Officer (give t	10%	Owner r (specify
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 06/06/2013  SAN CARLOS, CA 94070				- -	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									y Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed Execution Date any (Month/Day/Ye	Code	4. Securition Disposi (Instr. 3, 4	ed of (		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 Beneficial Ownership (Instr. 4)
	Common Stock, \$0.001 par value per share	06/04/2013	06/04/2013	M	10,000	A	\$ 57,700 (1)	77,660	D	
	Common Stock, \$0.001 par value per share	06/04/2013	06/04/2013	M	10,000	A	\$ 46,500 (1)	87,660	D	
								54.000	_	

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Common			By
Stock,			Family
\$0.001 par			Trust
value per			
share			
Common			
Stock,			D
\$0.001 par	4,150	I	By
vale per			Spouse
share			
	1 1 4 1 1 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)

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)	4. Transaction Code (Instr. 8)	5. Number of or 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 Amoun Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Nonqualified Stock Option	\$ 5.77	06/04/2013	06/04/2013	M	10,000	06/11/2005	06/11/2014	Common Stock	10,0
Nonqualified Stock Option	\$ 4.65	06/04/2013	06/04/2013	M	10,000	07/18/2004	07/18/2013	Common Stock	10,0

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
reporting officer runner, runness	Director	10% Owner	Officer	Other		
MOORE WILLIAM M						
C/O NATUS MEDICAL INCORPORATED	X					
1501 INDUSTRIAL ROAD	Λ					
SAN CARLOS, CA 94070						

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# **Signatures**

/s/ STEVEN J. MURPHY, by Power of Attorney

06/06/2013

\*\*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) This Form 4 amends a previously filed Form 4 that did not properly state the price paid for the shares by the reporting party.

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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