NATUS MEDICAL INC

Form 4 June 11, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or

Check this box

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)

1. Name and Address of Reporting Person * CHUNG DONG CHUNE **CHRISTOPHER**

> (First) (Last)

C/O NATUS MEDICAL INCORPORATED, 1501 INDUSTRIAL ROAD

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

NATUS MEDICAL INC [BABY]

3. Date of Earliest Transaction (Month/Day/Year)

06/07/2013

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify

below) below) VP QA/RA

4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SAN CARLOS, CA 94403

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Middle)

(Zip)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Code V Amount

Price

5. Amount of Securities Beneficially Owned Following Reported

Transaction(s)

(Instr. 3 and 4)

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

Indirect Beneficial Ownership (Instr. 4)

Common

share

(City)

Stock, \$0.001 par

06/07/2013 value per

06/07/2013

8,000 (1)

(A)

or

(D)

126,790

D

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)

1

Edgar Filing: NATUS MEDICAL INC - Form 4

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 | 3. Transaction Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | S. Number of orDerivative Securities Acquired (A) or Disposed of | Expiration Date (Month/Day/Year) | | Underlying Secu (Instr. 3 and 4) | |
|--------------------------------|--------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------|------------------------------------------------------------------|----------------------------------|------------|-------------------------------------|----------|
| | Security | | | | (D) (Instr. 3, 4, and 5) | | Expiration | | Au |
| | | | | Code V | (A) (D) | Date Exercisable | Date | Title | Ni of |
| Nonqualified Stock Option | \$ 14.34 | 06/07/2013 | 06/07/2013 | A | 16,000 | 07/07/2013(2) | 06/07/2019 | Common Stock | 1 |

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 94403

VP QA/RA

Signatures

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

06/11/2013

**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) The shares vest 50% on August 15, 2015 and 25% on each of August 15, 2016 and August 15, 2017.
- (2) The option vests in 48 equal monthly installments beginning on the date of 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