Edgar Filing: NATUS MEDICAL INC - Form 4

NATUS ME	DICAL INC											
Form 4												
June 11, 200												
FORM	14 unite	UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PPROVAL		
-	UNITE	DSIAIL					GEC	201011011551010	OMB Number:	3235-0287		
Check th		Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								January 31,		
if no long subject to										Expires: 2005 Estimated average		
Section 1	SECURITIES						burden hours per					
Form 4 c		~							response 0.5			
Form 5 obligatio		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										
may cont	tinue. Section I) of the In	•	. .				n			
See Instr 1(b).	uction	30(II)) of the m	vestment	Company	Act	01 19-	+0				
1(0).												
(Print or Type l	Responses)											
1 Name and A								5 Deletienship of		(-) +-		
1. Name and A MURPHY S	Address of Reporti	ng Person _		2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			•	Symbol								
				NATUS MEDICAL INC [BABY]					(Check all applicable)			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction				Director 10% Owner				
C/O NATUS MEDICAL INCORPORATED, 1501				(Month/Day/Year) 06/09/2008				Officer (give title Other (specify				
			00/07/2000					below) below) Vice President Finance and CFO				
INDUSTRI	AL ROAD							vice i resid		u ci o		
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line)				
			Filed(Mon	Filed(Month/Day/Year)								
		•						_X_ Form filed by 0 Form filed by N				
SAN CARL	LOS, CA 94070)						Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if	Transaction(A) or Disposed of					(D) or Benef			
(Instr. 3)		any (Month/	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5			6	Beneficially Owned	Beneficial Ownership				
		(,	(,	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock,												
\$0.001 par	06/09/2008			А	10,000	А	\$0	43,189 <u>(2)</u>	D			
value per					(1)							
share												

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and	Secu
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of
Nonqualified Stock Option	\$ 20.09	06/09/2008		А	20,000	07/09/2008(3)	06/09/2014	Common Stock	2

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MURPHY STEVEN J C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070			Vice President Finance and CFO				
Signatures							

Steven J. 06/11/2008 Murphy

<u>**</u>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, 2010 and 25% on each of August 15, 2011 and August 15, 2012.
- (2) Includes 746 shares purchased pursuant to the Company's Employee Stock Purchase Plan since the date of the reporting persons last Form 4.
- (3) 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.