#### NATUS MEDICAL INC

Form 4

share

09/11/2008

September 1	11, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
		SIAILS				, D.C. 20		MGE C		OMB Number:	3235-028	
Check the if no lon	ger			Ü						Expires:	January 31	
subject t Section Form 4 o Form 5 obligation	16. Filed pur	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  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								Estimated average burden hours per response 0.		
may con See Instr 1(b).	unue.			•		t Compar	-	~				
Print or Type	Responses)											
1. Name and Address of Reporting Person * TRAVERSO KENNETH M			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (		NATUS MEDICAL INC [BABY] 3. Date of Earliest Transaction					(Check	all applicable	)		
C/O NATU INCORPOI INDUSTRI		(Month/Day/Year) 09/09/2008						Director 10% Owner X Officer (give title Other (specify below) VP Marketing and Sales				
SAN CARI	(Street) LOS, CA 94070		4. If Amer			ate Origina r)	.1		6. Individual or Joi Applicable Line) _X_ Form filed by Oc_ Form filed by Mo Person	ne Reporting Per	rson	
(City)	(State)	(Zip)	Table	e I - No	n-l	Derivative	Secui	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Month/Day/Year) Execution Early (Month/Day/Year) (Month/Day/Year) Execution Early (Month/Day			Date, if Transactiom Disposed of (D) Code (Instr. 3, 4 and 5)  ay/Year) (Instr. 8)  (A)						5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	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	09/09/2008			Code	V	Amount 18,800	or (D)	Price \$ 24.2608	(Instr. 3 and 4) 3 106,285	D		
Stock,	09/10/2008			S		31,200	D	\$ 23.9797	75,085	D		

S

9,751 D

65,334

D

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Common Stock, \$0.001 par value per share	\$ 23.9802			
Common Stock, \$0.001 par value per share		8,572	I	By Family Trust
Common Stock, \$0.001 par value per share		10,500	I	By IRA
Common Stock, \$0.001 par value per share		4,100	I	By IRA for Spouse

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 Own Follo Repo Trans (Instr

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 Exerci	isable and	7. Titl	le and	8. Price of	1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	on Date, if Transaction		Expiration Da	Expiration Date		ınt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/Y	(ear)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Ì
	Derivative				Securities	1		(Instr.	3 and 4)		1
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration Date	Title	Number		
						Exercisable			of		
				Code V	(A) (D)				Shares		
				Code v	(A) $(D)$				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Reporting Owners 2

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Director 10% Owner Officer Other

TRAVERSO KENNETH M C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070

VP Marketing and Sales

### **Signatures**

/s/ Kenneth M.
Traverso 09/11/2008

\*\*Signature of Reporting Date

Person

# **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).

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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