Edgar Filing: TRAVERSO KENNETH M - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5	J NITED STATES STATEMENT OF Filed pursuant to S	SECURITIES AN Washington, D CHANGES IN BI SECURIT ection 16(a) of the S	D.C. 20549 ENEFICIAL OW FIES Securities Exchang	NERSHIP OF e Act of 1934,	OMB Number: Expires: Estimated av burden hour response	0
may continue. See Instruction 1(b).		Public Utility Holdir of the Investment C	• • •			
(Print or Type Responses	;)					
1. Name and Address of TRAVERSO KENN	NETH M	2. Issuer Name and T Symbol NATUS MEDICAI	C C	5. Relationship of F Issuer		
(Last) (Firs C/O NATUS MEDI INCORPORATED, INDUSTRIAL ROA	t) (Middle) ICAL 1501	3. Date of Earliest Tran (Month/Day/Year) 06/03/2009		Director X Officer (give t below)		Owner · (specify
(Stre		4. If Amendment, Date Filed(Month/Day/Year)	Original	6. Individual or Join Applicable Line) _X_ Form filed by Or Form filed by Mo	ne Reporting Per	son
(City) (Stat		Table I Non Der	ivative Securities Acq	Person	or Ponoficial	v Owned
1.Title of 2. Transa	action Date 2A. Deeme Day/Year) Execution any (Month/Da	d 3. 4. Date, if Transactionor Code (Ir y/Year) (Instr. 8)	(A) (A) or mount (D) Price) 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 06/03/2 value per share	009 06/03/20	09 S 25	5,000 D ^{\$} 11.439	1 37,685	D	
Common Stock, \$0.001 par value per share				8,572	I	By Family Trust
				10,500	Ι	By IRA

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Common			
Stock,			
\$0.001 par			
value per			
share			
Common			
Stock,			By IRA
\$0.001 par	4,100	Ι	for
value per			Spouse
share			

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.

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres	s	Relationships					
	Director	10% Owner	Officer	Other			
TRAVERSO KENNETH M C/O NATUS MEDICAL INCORPO 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	RATED		VP Marketing and Sales				
Signatures							
/s/ KENNETH M. TRAVERSO	06/05/2009						
**Signature of Reporting Person	Date						

Reporting Owners

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.