Edgar Filing: TRAVERSO KENNETH M - Form 4

TRAVERSO F Form 4 August 07, 200 FORM Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b).	4 UNITED ST box STATEME Filed pursu Section 17(a)	ENT OF CHA	ashington, l NGES IN E SECURI 16(a) of the Jtility Holdi	D.C. 20 BENEF TIES Securit	9549 ICIA ties E npany	LOWN Exchange y Act of	ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•
(Print or Type Res	sponses)								
	lress of Reporting Pe KENNETH M	Symbol	er Name and T				5. Relationship of H Issuer		
(Last) C/O NATUS I INCORPORA INDUSTRIAI	MEDICAL ATED, 1501	ddle) 3. Date	of Earliest Tra Day/Year)		L		Director X Officer (give t below)		Owner r (specify
	(Street)		endment, Date onth/Day/Year)	e Origina	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by Or Form filed by Mo	ne Reporting Per	son
SAN CARLO		(in)					Person		-
(City)						-	ired, Disposed of,		•
			Transaction	or Dispos 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 08 value per share	8/05/2009		S <u>(1)</u> 1	1,722	D	\$ 14.2018	80,963	D	
Common Stock, \$0.001 par 08 value per share	8/05/2009		S <u>(1)</u> 4	140	D	\$ 14.2002	80,523	D	
							8,572	Ι	

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Common Stock, \$0.001 par value per share			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 Spouse IRA

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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					(insu: 5, 4, and 5)				Amount		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	or Number of Shares		
Repo	rting O	wners									

Reporting Owner Name / Address	Relationships						
here and a second second	Director 10% Owner Officer		Officer	Other			
TRAVERSO KENNETH M							
C/O NATUS MEDICAL INCORPORATED			VD Marketing and Salas				
1501 INDUSTRIAL ROAD			VP Marketing and Sales				

SAN CARLOS, CA 94070

Signatures

/s/ KENNETH M. **TRAVERSO**

08/07/2009

Date

**Signature of Reporting 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).

(1) Shares sold pursuant to a sales program to cover taxes owed upon the vesting of restricted stock.

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.