#### MOORE WILLIAM M

Form 4 May 31, 2011

## FORM 4

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

**OMB APPROVAL** OMB

3235-0287 Number:

January 31, Expires: 2005

0.5

burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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 See Instruction

**SECURITIES** 

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MOORE WILLIAM M			2. Issuer Name and Ticker or Trading Symbol NATUS MEDICAL INC [BABY]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)  C/O NATUS MEDICAL INCORPORATED, 1501			3. Date of Earliest Transaction (Month/Day/Year) 05/26/2011			(Check all applicable) X Director 10% Owner Officer (give title Other (specify below)				
INDUSTRI										
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)  SAN CARLOS, CA 94070				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(State)	(Zip) T	phla I - Non-Da	rivotivo S	ocurit	ios Acc	Person uired, Disposed	of or Repeticie	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	te 2A. Deemed	3. if Transaction Code	4. Securit	ies Acesposed	quired of	• • •	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	·	
\$0.001 par value per share	05/26/2011	05/26/2011	M	30,000	A	\$ 11	53,910	D		
Common Stock, \$0.001 par vale per share							79,892	I	By Family Trust	
							4,150	I	By Spouse	

Common Stock, \$0.001 par vale per 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.

SEC 1474

(9-02)

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. Transaction Code (Instr. 8)	5. Number of or or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisabl Expiration Date (Month/Day/Year		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	An or Nu of
Nonqualified Stock Option (right to buy)	\$ 11	05/26/2011	05/26/2011	M	30,000	08/19/2001(1)	07/19/2011	Common Stock	3

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships					
. 9	Director	10% Owner	Officer	Other		
MOORE WILLIAM M C/O NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070	X					

## **Signatures**

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

\*\*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).

Reporting Owners 2

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(1) The option vests in 36 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.