Edgar Filing: TRAVERSO KENNETH M - Form 4

Form 4) KENNETH M									
Check this box if no longer subject to Section 16. Check this box if no longer Section 16. Check this box if no longer Sectio								OMB Number: Expires: Estimated a burden hour response	•	
	Address of Reporting I O KENNETH M	Symbol	er Name and JS MEDIC			.6	5. Relationship of I Issuer	Reporting Pers	oon(s) to	
	S MEDICAL RATED, 1501	(iddle) 3. Date	of Earliest Ti /Day/Year)		[DAI	-	(Check all applicable) <u> </u>			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	LOS, CA 94070	(7 .)					Person		porting	
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)		(A) or		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 value per share	05/03/2011	05/03/2011	М	10,256	А	\$ 4.15	100,570	D		
Common Stock, \$0.001 par value per share	05/03/2011	05/03/2011	S	10,256	D	\$ 17.26 (2)	90,314	D		
	05/03/2011	05/03/2011	М	19,744	А	\$ 3.45	110,058	D		

Common Stock, \$0.001 par value per share Common										
Stock, \$0.001 par value per share	05/03/20	011 05/03/20	11 S	19,744	\$ D 17.26	90,314	D			
Common Stock, \$0.001 par value per share						8,572	Ι	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: Re	eport on a sep	arate line for each clas	ss of securities benefi	icially own	ed 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number of orDerivative Securities Acquired (A	Expiration (Month/D		7. Title and Amount (Underlying Securitie (Instr. 3 and 4)		

Derivative

\$ 4.15

05/03/2011

Security

Incentive

Stock

or Disposed of

(D)

(Instr. 3, 4, and 5)

(D)

Code V (A)

Μ

05/03/2011

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Stock

Title

Expiration

Date

10,256 12/17/2002(1) 06/14/2012 Common 10,25

Date Exercisable

Amour

Numbe

of Shar

or

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Option Incentive Common 19,744 12/12/2002⁽¹⁾ 11/12/2012 Stock \$ 3.45 05/03/2011 05/03/2011 Μ 19.74 Stock Option **Reporting Owners** Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other TRAVERSO KENNETH M C/O NATUS MEDICAL INCORPORATED VP Marketing and Sales 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070 Signatures /s/ STEVEN J. MURPHY, by Power of 05/05/2011 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).
- (1) The option vests in 48 equal monthly installments beginning on the date of grant.
- This transaction was executed in multiple trades at prices ranging from \$17.25 to \$17.295. The price reported above reflects the weighted(2) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.