## Edgar Filing: NATUS MEDICAL INC - Form 4

Form 4	EDICAL INC									
September 1										
FORM	A 4 UNITED	STATES			AND EX n, D.C. 2(		ANGE CO	OMMISSION	OMB Number:	PROVAL 3235-0287
Check the	aar			U					Expires:	January 31, 2005
if no lon subject t Section Form 4	STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								
Form 5 obligation may con <i>See</i> Instru- 1(b).	ons Section 17(	(a) of the	Public U	Jtility Ho		npan	y Act of	Act of 1934, 1935 or Section )		
(Print or Type	Responses)									
1. Name and A HAWKINS	Address of Reporting S JAMES B	Person <sup>*</sup>	Symbol		nd Ticker of		8	5. Relationship of I Issuer	Reporting Pers	on(s) to
(Lost)	(Eirot)	Middle)			CAL INC	ĮΒΑ	БІЈ	(Check	all applicable	)
(Last)	(First) (	Middle)		Day/Year)	Transaction			_X_ Director	10%	Owner
NATUS M			09/09/2	-			:	XOfficer (give t below)	title Othe below)	r (specify
	RATED, 1501 IAL ROAD							/	lent and CEO	
	(Street)			endment, I onth/Day/Ye	Date Origina ar)	al		6. Individual or Joi Applicable Line) _X_ Form filed by O		
SAN CARI	LOS, CA 94070							Form filed by Mo Person		
(City)	(State)	(Zip)	Tab	ole I - Non	-Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	oror 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 value per share	09/09/2008			M	25,000	. ,	\$ 4.07	134,512	D	
Common Stock, \$0.001 par value per share	09/09/2008			S	25,000	D	\$ 24.4038	109,512	D	
	09/10/2008			М	86,000	А	\$ 4.07	195,512	D	

Common Stock, \$0.001 par value per share					
Common Stock, \$0.001 par 09/10/2008 value per share	S	86,000 D	\$ 23.9797	109,512	D
Common Stock, \$0.001 par 09/11/2008 value per share	М	34,166 A	\$ 4.07	143,678	D
Common Stock, \$0.001 par 09/11/2008 value per share	S	39,000 D	\$ 23.9802	104,678	D

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Stock Option (Right to Buy)	\$ 4.07	09/09/2008		М	25,000	10/12/2004(1)	04/08/2014	Common Stock	465,00
Stock Option (Right to Buy)	\$ 4.07	09/10/2008		М	86,000	10/12/2004 <u>(1)</u>	04/08/2014	Common Stock	440,00

Option (Right to Buy)	\$ 4.07	09/11/2008	М	34,166	10/12/2004	04/08/2014	Common Stock	354,00
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## **Reporting Owners**

<b>Reporting Owner Name</b> / /	Reporting Owner Name / Address		Relationships							
	Topological Contraction Contraction			Officer	Other					
HAWKINS JAMES B NATUS MEDICAL INCORPORATED 1501 INDUSTRIAL ROAD SAN CARLOS, CA 94070		Х		President and CEO						
Signatures										
/s/ James B. Hawkins	09/11/2008									

<u>\*\*</u>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) Vested as to 12.5% of the shares subject to the option on October 12, 2004 and as to 1/48th of the shares subject to the option each month thereafter.

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.