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Form 4										
December 2								OMB AF	PROVAL	
FORM	4 UNITED	STATES SE	CURITIES A			NGE CO	MMISSION	OMB Number:	3235-0287	
Check th if no lon subject to Section Form 4 Form 5 obligatio may cor <i>See</i> Instr	nger 50 16. 50 Filed put 50 50 50 50 50 50 50 50 50 50	rsuant to Sect (a) of the Pub	Washington, D.C. 20549 NT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ant to Section 16(a) of the Securities Exchange Act of 1934, of the Public Utility Holding Company Act of 1935 or Sectio 30(h) of the Investment Company Act of 1940						January 31, 2005 verage 's per 0.5	
1(b).				-						
(Print or Type	Responses)									
LEVY RICHARD M Symi VA			nbol Is ARIAN MEDICAL SYSTEMS				. Relationship of Reporting Person(s) to ssuer (Check all applicable)			
(Last)	(First) (C [VAR] Date of Earliest T	rangaation			X_Director		Owner	
C/O VARI	AN MEDICAL , 3100 HANSEN	(M 12	onth/Day/Year) /21/2009	Tansaction		_		itle Othe below)		
ΡΔΙΟΔΙ	(Street)	File	if Amendment, D ed(Month/Day/Yea	-	1	A	Individual or Joi pplicable Line) {_ Form filed by Ou _ Form filed by Mo	ne Reporting Per	rson	
(City)	(State)	(Zip)					erson			
	`						ed, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securit onor Dispos (Instr. 3, 4 Amount	ed of (5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	12/21/2009		М	20,000	А	\$ 24.375	20,000	D		
Common Stock	12/21/2009		S <u>(1)</u>	13,200	D	\$ 45.8102 (2)	6,800	D		
Common Stock	12/21/2009		S <u>(1)</u>	6,800	D	\$ 46.0172 (3)	0	D		
Common	12/21/2009		G(1) V	3,000	D	\$0	121,907	Ι	By Trust	

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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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
	Security				(D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Non Qualified Stock Option (Right to Buy)	\$ 24.375	12/21/2009		М	20,000	11/14/2005 <u>(4)</u>	11/14/2012	Common Stock	20,00

Relationships

Reporting Owners

Reporting Owner Name / Address

Stock

	Director	10% Owner	Officer	Other
LEVY RICHARD M C/O VARIAN MEDICAL SYSTEMS 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304-1030	Х			
Signatures				
/s/ Franco N. Palomba, Attorney in Fact for Levy	12/22/2009			
<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) This transaction is pursuant to the filer's SEC Rule10b5-1 Stock Plan

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- (2) The 13,200 shares were sold in multiple transactions executed on the same day at prices ranging from \$45.0400 to \$46.0000. The detailed breakdown of executed sales will be furnished upon request.
- (3) The 6,800 shares were sold in multiple transactions executed on the same day at prices ranging from \$46.0010 to \$46.0430. The detailed breakdown of executed sales will be furnished upon request.

Stock option granted under the Varian Medical Systems, Inc. 1990 Omnibus Stock Plan, which complies with Rule 16b-3. The option
(4) vests as follows: one third on 11/14/2003, and the remaining shares in 24 equal installments over the 24 months following the first vest date.

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.