WILSON DOW R Form 4 April 14, 2011

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

**OMB APPROVAL** 

Washington, D.C. 20549 Check this box

3235-0287 Number:

if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading WILSON DOW R Issuer Symbol VARIAN MEDICAL SYSTEMS (Check all applicable) INC [VAR] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify X\_ Officer (give title ) (Month/Day/Year) below) C/O VARIAN MEDICAL 04/13/2011 EVP and Pres. Oncology Sys. SYSTEMS, INC., 3100 HANSEN WAY, M/S E-327 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting PALO ALTO, CA 94304 Person

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	e Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired (A) order Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price			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	04/13/2011		M	2,315	A	\$ 37.17	36,964	D	
Common Stock	04/13/2011		S <u>(1)</u>	2,315	D	\$ 69.1746 (2)	34,649	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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#### 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	Exercise any Code te of (Month/Day/Year) (Instr. 8) exercise any code (Month/Day/Year) (Instr. 8)		5. Number of Derivative 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)		88 II SS ((	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Non Qualified Stock Option (Right to Buy)	\$ 37.17	04/13/2011		M	2,315	(3)	02/13/2016	Common Stock	2,315	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WILSON DOW R C/O VARIAN MEDICAL SYSTEMS, INC. 3100 HANSEN WAY, M/S E-327 PALO ALTO, CA 94304

EVP and Pres. Oncology Sys.

### **Signatures**

/s/ Franco N. Palomba, Attorney in Fact for Dow R.
Wilson 04/14/2011

\*\*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
- (2) The 2,315 shares were sold in multiple transactions executed on the same day at prices ranging from \$69.01 to \$69.44. The detailed breakdown of executed sales will be furnished upon request.
- Stock option granted under the Varian Medical Systems, Inc. Second Amended and Restated 2005 Omnibus Stock Plan, which complies with Rule 16b-3. The option vests as follows: one third on 2/13/2010, and the remaining shares in 24 equal installments over the 24 months following the first vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

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