## Edgar Filing: FINNEY ELISHA W - Form 4

FINNEY EL Form 4	ISHA W										
August 10, 2	012										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED	SIAIES		shington,			NGE C	UMINIISSIUN	OMB Number:	3235-0287	
Check thi if no long	Ter			OFC DU			LOW		Expires:	January 31, 2005	
subject to Section 1 Form 4 or Form 5	F CHANGES IN BENEFICIAL OWN SECURITIES						Estimated a burden hou response	iverage			
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
N N			2. Issuer Name <b>and</b> Ticker or Trading Symbol VARIAN MEDICAL SYSTEMS INC [VAR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
PALO ALT	O, CA 94304-103	30						_X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code V	Amount 4,107	(D)	Price \$	(Instr. 3 and 4)			
Stock	08/10/2012			F	<u>(1)</u>	D	\$6.85	32,921	D		
Common Stock								22,126	Ι	By Trust	

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.

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 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
FINNEY ELISHA W C/O VARIAN MEDICAL SYSTEMS 3100 HANSEN WAY, , MAIL STOP E-327 PALO ALTO, CA 94304-1030			Exec VP and CFO				
Signatures							
/s/ Franco N. Palomba, Attorney in Fact for Elis Finney	08/10/2012						
**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) Represents shares withheld from vested restricted stock for the payment of federal, state and payroll taxes due on vesting.

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.