#### VARIAN MEDICAL SYSTEMS INC

Form 4

November 15, 2013

<b>FORM</b>	ПΔ								OMB AF	PPROVAL	
I OI III	UNIT	ED STATES					NGE C	COMMISSION	OMB	3235-0287	
Check th	nis box		Was	shington,	D.C. 20	549			Number:		
if no lon	ger	PEMENT O	E CHAN	CEC IN	DENIER	TOTA	LOW	MEDCHID OF	Expires:	January 31, 2005	
subject to Section 16. Form 4 or  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0.9				
Form 5 obligation may con <i>See</i> Instraction 1(b).	ons Section stinue.	17(a) of the		tility Hole	ding Cor	npan	y Act of	e Act of 1934, 1935 or Section	n		
(Print or Type	Responses)										
1. Name and Address of Reporting Person * FINNEY ELISHA W			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			VARIAN MEDICAL SYSTEMS INC [VAR]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of (Month/D	f Earliest Ti ay/Year)	ransaction			DirectorX Officer (give	titleOthe	Owner er (specify	
	AN MEDICAI , 3100 HANSI PP E-327		11/14/20	-				below)  Exec	below) c VP and CFO		
	(Street)			ndment, Da nth/Day/Year	_	ıl		6. Individual or Jo Applicable Line) _X_ Form filed by O			
PALO ALT	ГО, CA 94304	-1030						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Month/Day/Year) Execution any (Month/D		n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)  (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4)					
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	11/14/2013			M	5,000	A	\$ 52.61	12,316	D		
Common Stock	11/14/2013			S <u>(1)</u>	5,000	D	\$ 74.95	7,316 (2)	D		
Common Stock								22,126	I	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 SEC 1474 information contained in this form are not (9-02)

**OMB APPROVAL** 

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	and 5)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-qualified Stock Option (Right to Buy)	\$ 52.61	11/14/2013		M	5,000	<u>(3)</u>	02/15/2015	Common Stock	5,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
, G	Director	10% Owner	Officer	Other		
FINNEY ELISHA W			Exec			
C/O VARIAN MEDICAL SYSTEMS 3100 HANSEN WAY, , MAIL STOP E-327			VP and			
PALO ALTO, CA 94304-1030			CFO			

### **Signatures**

/s/ Franco N. Palomba, Attorney in Fact for Elisha W. Finney

11/15/2013

\*\*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) Amount of securities beneficially owned at the end of the reporting period reflect 208 shares purchased on October 25, 2013 under the Varian Medical Systems, Inc. Employee Stock Purchase Plan.
- 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 2/15/2009, 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. 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.

Reporting Owners 2