#### Edgar Filing: VARIAN MEDICAL SYSTEMS INC - Form 4

#### VARIAN MEDICAL SYSTEMS INC

Form 4

January 03, 2014

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** Number:

3235-0287 January 31,

0.5

Check this box if no longer subject to

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

Expires: 2005 Estimated average

**OMB APPROVAL** 

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Section 16. 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).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person \* LEVY RICHARD M

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

(Check all applicable)

VARIAN MEDICAL SYSTEMS

INC [VAR]

01/02/2014

(Month/Day/Year)

\_X\_\_ Director Officer (give title

10% Owner Other (specify

C/O VARIAN MEDICAL SYSTEMS, 3100 HANSEN WAY,

(Street)

(State)

(First)

MAIL STOP E-327

4. If Amendment, Date Original

3. Date of Earliest Transaction

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Zip)

(Middle)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

PALO ALTO, CA 94304-1030

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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. Securit onor 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	01/02/2014		M	20,000	A	\$ 39.85	20,000	D			
Common Stock	01/02/2014		S <u>(1)</u>	20,000	D	\$ 77.6848 (2)	0	D			
Common Stock	01/02/2014		G(1) V	2,000	D	\$ 0	28,907	I	By Trust		

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

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SEC 1474 (9-02)

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 or Derivative Securities Acquired (or Disposed (D) (Instr. 3, 4, and 5)	Expira (Mont A) d of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Sha
Non-qualified Stock Option (Right to Buy)	\$ 39.85	01/02/2014		M	20,0	00 (	3)	11/18/2014	Common Stock	20,0

## **Reporting Owners**

Reporting Owner Name / Address

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



### **Signatures**

/s/ Franco N. Palomba, Attorney in Fact for Richard M. Levy

01/03/2014

\*\*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 20,000 shares were sold in multiple transactions executed on the same day at prices ranging from \$77.27 to \$77.84. The detailed breakdown of executed sales will be furnished upon request.
- Stock option granted under the Varian Medical Systems, Inc. Omnibus Stock Plan, which complies with new Rule 16b-3. The option (3) vests as follows: one third on 11/18/05, 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