#### VARIAN MEDICAL SYSTEMS INC

Form 4

February 24, 2014

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287 January 31,

2005

0.5

Expires:

**OMB APPROVAL** 

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if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

Check this box

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 See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **BOSTROM SUSAN L** 

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol VARIAN MEDICAL SYSTEMS

(Check all applicable)

INC [VAR]

02/21/2014

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

X\_ Director Officer (give title below)

10% Owner Other (specify

C/O VARIAN MEDICAL SYSTEMS, INC., 3100 HANSEN WAY, MAIL STOP E-327

> (Street) 4. If Amendment, Date Original

> > (Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Instr. 8)

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

(Instr. 4)

PALO ALTO, CA 94304

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership

(Instr. 4)

Reported (A) Transaction(s)

Code V Amount (D) Price

(Instr. 3 and 4)

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)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)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount of		8. Pric	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	Fransaction Derivative Code Securities		Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		Deriva
Security	or Exercise		any	Code							Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired						(Instr.
	Derivative				(A) or						
	Security				Disposed	of					
					(D)						
					(Instr. 3, 4	4,					
					and 5)						
				Code V	(A)	(D)	Date	Expiration	Title	Amount	
				Couc v	(A)	(D)	Exercisable	Date	Title	or	
							Exercisable	Date		Number	
										of	
										Shares	
Deferred											
Stock	<u>(1)</u>	02/21/2014		A	1,912		(2)	(2)	Common	1,912	\$ (
	<u>\17</u>	02/21/2017		11	1,712		<u>~</u>	<u> </u>	Stock	1,712	Ψ
Units											

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

BOSTROM SUSAN L C/O VARIAN MEDICAL SYSTEMS, INC. 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304



# **Signatures**

/s/ Kimberley E. Honeysett, Attorney in Fact for Susan L. Bostrom

02/24/2014

\*\*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) Each Deferred Stock Unit represents the right to receive one share of VAR common stock.
- (2) The Deferred Stock Units vest in four equal quarterly installments over a 12 month period beginning February 21, 2014. Vested shares will be delivered to the reporting person the earlier of three years from the grant date, or termination/retirement 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.

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