### VARIAN MEDICAL SYSTEMS INC

Form 4

Common

Stock

November 18, 2014

Check the if no long subject to Section Form 4 of Form 5 obligation may consee Institution 1(b).	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549  is box  ger STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  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  20(b) of the Investment Company Act of 1940					OMB Number: Expires: Estimated a burden hou response				
FINNEY ELISHA W Symbol VARIA			2. Issuer Name an Symbol VARIAN MED NC [VAR]			]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	AN MEDICAL , 3100 HANSEN	1	Date of Earliest Month/Day/Year)	Transaction	ı		Director _X_ Officer (give pelow) Exec		Owner er (specify	
PALO ALT	(Street) ΓΟ, CA 94304-10	F	. If Amendment, I	_	nal	- -	5. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson	
(City)	(State)	(Zip)	Table I - Non	-Derivativ	e Secu	rities Acqu	ired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Oate, if Transact Code /Year) (Instr. 8)	4. Securioror Dispo (Instr. 3,	ities A osed of 4 and (A) or	cquired (A) (D) (5)	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	11/14/2014		Code V	7 Amount 3,840 (1)	(D)	Price \$ 0	8,511	D		
Common Stock	11/14/2014		F	2,003 (2)	D	\$ 87.58	6,508	D		
Common Stock	11/17/2014		S(3)	1,837	D	\$ 87.7098 (4)	4,671	D		

By Trust

22,126

I

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

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	1
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNumber	Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	) Derivativ	e		Secur	ities	(Instr. 5)	į
	Derivative				Securities	;		(Instr.	. 3 and 4)		
	Security				Acquired						1
					(A) or						1
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									<b>A</b>		
									Amount		
						Date	Expiration	m:.1	or		
						Exercisable	•	Title N	Number		
				~					of		
				Code \	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	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 Elisha W. Finney 11/18/2014

\*\*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) Represents shares issued upon settlement of performance-based award (PSUs) granted on November 11, 2011.
- (2) Represents shares withheld from vested PSUs for the payment of federal, state and payroll taxes due on settlement.
- (3) This transaction is pursuant to the filer's SEC Rule10b5-1 Stock Plan
- (4) The 1,837 shares were sold in multiple transactions executed on the same day at prices ranging from \$87.47 to \$87.92. The detailed breakdown of executed sales will be furnished upon request.

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

# Edgar Filing: VARIAN MEDICAL SYSTEMS INC - Form 4

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.