#### VARIAN MEDICAL SYSTEMS INC

Form 4 April 17, 2015

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number:

3235-0287 January 31,

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obligations may continue.

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 See Instruction

1(b).

Stock

Stock

Common

04/16/2015

(Print or Type Responses)

1. Name and A KENNEDY	Symbol VARIA	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)			
(Last)  C/O VARIA SYSTEMS, WAY, MAI	(Month/I 04/16/2	3. Date of Earliest Transaction (Month/Day/Year) 04/16/2015				Director 10% Owner Officer (give title Other (specify below) EVP and Pres. Oncology Sys.			
	4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
PALO ALT	O, CA 94304-103	· ·	nth/Day/Year	)			Applicable Line) _X_ Form filed by 0 Form filed by N Person	One Reporting Pe More than One Re	
(City)	(State)	(Zip) Tab	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securion(A) or Di (Instr. 3,	ispose 4 and (A) or	d of (D) 5)  Price	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	04/16/2015		$M_{\underline{(1)}}$	776	A	\$ 68.84	15,210	D	

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

 $S^{(1)}$ 

649

D

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14,561

D

68.84

\$ 95

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

# 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. Transaction Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. P. Deri Secu (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Non Qualified Stock Option (Right to	\$ 68.84	04/16/2015		M(1)	776	(2)	11/09/2019	Common Stock	776	

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officers

Director 10% Owner Officer Other

KENNEDY KOLLEEN T C/O VARIAN MEDICAL SYSTEMS, INC. 3100 HANSEN WAY, MAIL STOP E327 PALO ALTO, CA 94304-1038

EVP and Pres. Oncology Sys.

## Signatures

Buy)

/s/ Franco N. Palomba, attorney-in-fact for Kolleen T. Kennedy

04/17/2015

\*\*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
- Stock option granted under the Varian Medical Systems, Inc. Third Amended and Restated 2005 Omnibus Stock Plan, which complies (2) with Rule 16b-3. The option vests as follows: one third on 11/09/2013, and the remaining shares in 24 equal installments over the 24

(2) with Rule 16b-3. The option vests as follows: one third on 11/09/2013, 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.

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