#### VARIAN MEDICAL SYSTEMS INC

Form 4

September 17, 2013

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

OMB Number:

3235-0287

Check this box if no longer

January 31, Expires: 2005

**OMB APPROVAL** 

subject to Section 16. Form 4 or

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

Estimated average burden hours per response... 0.5

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).

(Print or Type Responses)

1. Name and Address of Reporting Person \* KLUGE ROBERT H

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

VARIAN MEDICAL SYSTEMS INC [VAR]

(Check all applicable)

(Last)

(First)

(Middle)

(Zip)

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

Director 10% Owner Other (specify X\_ Officer (give title

C/O VARIAN MEDICAL

09/16/2013

below) Corp SVP; Pres. X-Ray Products

SYSTEM, 3100 HANSEN WAY, MAIL STOP E-327

(State)

09/16/2013

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

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

PALO ALTO, CA 94304

(City)

Common

Stock

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of Securities Ownership Beneficially Form: Direct Owned (D) or

7. Nature of Indirect Beneficial Ownership (Instr. 4)

**SEC 1474** 

(9-02)

(A)

\$ 75

Reported Transaction(s) or

Code V Amount (D) Price

13.870 D

(Instr. 3 and 4)

Following

Common 09/16/2013 Stock

M 13,870

 $S^{(1)}$ 

43,991 52.83

30,121

D

Indirect (I)

(Instr. 4)

D

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

(Month/Day/Year)

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### 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. Transacti Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non Qualified Stock Option (Right to Buy)	\$ 52.83	09/16/2013		М	13,870	(2)	05/14/2017	Common Stock	13,870

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

KLUGE ROBERT H C/O VARIAN MEDICAL SYSTEM 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304

Corp SVP; Pres. X-Ray Products

## **Signatures**

/s/ Franco N. Palomba, Attorney in Fact for Robert H. Kluge 09/17/2013

\*\*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
  - Stock option granted under the Varian Medical Systems, Inc. Second Amended and Restated 2005 Omnibus Stock Plan, which complies with Pule 16b.3. The option yests as follows: one third on 5/14/2011, and the remaining shares in 24 equal installments over the 24
- (2) with Rule 16b-3. The option vests as follows: one third on 5/14/2011, 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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