Edgar Filing: LEVY RICHARD M - Form 4

LEVY RIC Form 4	HARD M											
November (05, 2009											
FORM			GEGU	DITI				NCE CO	MAGGION		PROVAL	
Washington, D.C. 20549							NGE CO	MMISSION	OMB Number:	3235-0287		
Check t if no lor	nger	er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI									January 31, 2005	
subject Section Form 4	to SIAIEN 16.	AENT OF	CRSHIP OF	Estimated average burden hours per response								
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 192 Section 17(a) of the Public Utility Holding Company Act of 1935 or Se 30(h) of the Investment Company Act of 1940									0.5			
(Print or Type	Responses)											
LEVY RICHARD M Sy			Symbol	, , , , , , , , , , , , , , , , , , ,					5. Relationship of Reporting Person(s) to assuer (Check all applicable)			
		INC [VAR]										
C/O VARIAN MEDICAL SYSTEMS, 3100 HANSEN WAY,				(Month/Dav/Year) —					_X Director Officer (give t elow)	itle $\frac{10\%}{\text{below}}$	Owner r (specify	
MAIL STO												
				Ionth/Day/Year) Aj					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	ole I - N	on-l	Derivative	Secur		red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	I.Title of2. Transaction Date2A. DeemedSecurity(Month/Day/Year)Execution Date,		Date, if	ate, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	11/04/2009			М		20,000	А	\$ 24.375	20,000	D		
Common Stock	11/04/2009			S <u>(1)</u>		20,000	D	\$ 43.0499 (2)	0	D		
Common Stock	11/04/2009			G <u>(1)</u>	V	3,000	D	\$ 0	130,907	Ι	By Trust	

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

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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. Transactio Code (Instr. 8)	orDeri Secu Acq or D (D)	urities (Month/Day/Year) quired (A) Disposed of str. 3, 4,			7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Non Qualified Stock Option (Right to Buy)	\$ 24.375	11/04/2009		М		20,000	11/14/2005 <u>(3)</u>	11/14/2012	Common Stock	20,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
	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	Х						
Signatures							
/s/ John A. Thorson, Attorney in Fact for Rid Levy	chard M.	11/05/2009					
**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 \$42.89 to \$43.285. The detailed breakdown of executed sales will be furnished upon request.
- (3) Stock option granted under the Varian Medical Systems, Inc. 1990 Omnibus Stock Plan, which complies with Rule 16b-3. The option vests as follows: one third on 11/14/2003, and the remaining shares in 24 equal installments over the 24 months following the first vest

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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.