Edgar Filing: ECKERT R ANDREW - Form 4

ECKERT R	ANDREW										
Form 4											
February 14,	2019								<u></u>		
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO										
	Washington, D.C. 20549								OMB Number:	3235-0287	
Check the			Expires:	January 31,							
if no long subject to Section 1 Form 4 o	6. SIAIE	F CHAN	GES IN H SECURI	Expires. 200 Estimated average burden hours per response 0.							
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1'	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									
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> ECKERT R ANDREW			2. Issuer Name and Ticker or Trading Symbol VARIAN MEDICAL SYSTEMS INC [VAR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle) 3. Date of (Month/Da			insaction			_X_ Director 10% Owner Officer (give title Other (specify			
SYSTEMS,	AN MEDICAL INC., 3100 HA L STOP E-327		02/11/20	-				below)	below)		
	(Street)		ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
PALO ALT	O, CA 94304							Form filed by I Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. De (Month/Day/Year) Execut any (Month				4. Securi onAcquired Disposed (Instr. 3,	l (A) c l of (D 4 and))	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	02/11/2019			М	1,441	А	\$0	10,917	D		
Common Stock	02/12/2019			М	2,384	А	\$0	13,301	D		

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. Transacti Code (Instr. 8)	5. Number iomf 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. Pr Deriv Secu (Inst
				Code V	(A) (I	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	02/11/2019		М	1,4	441	(2)	(2)	Common Stock	1,441	\$
Deferred Stock Units	<u>(3)</u>	02/12/2019		М	2,3	384	(4)	(4)	Common Stock	2,384	\$

Reporting Owners

Relationships **Reporting Owner Name / Address** 10% Owner Officer Director Other ECKERT R ANDREW C/O VARIAN MEDICAL SYSTEMS, INC. Х 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304 Signatures /s/ Michael B. Dunn, attorney-in-fact for R. Andrew 02/14/2019 Eckert **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 restricted stock unit represents a contingent right to receive one share of VAR common stock.
- (2) The restricted stock units vest on the earlier of February 9, 2019, or the next Annual Meeting of Stockholders that occurs after the Grant Date. Vested shares will be delivered to the reporting person on vest date.
- (3) Each Deferred Stock Unit represents the right to receive one share of VAR common stock.

The Deferred Stock Units vest in four equal quarterly installments over a 12 month period beginning February 10, 2017. Vested shares(4) will be delivered to the reporting person on the earlier of three years from the grant date, termination/retirement date, or a change in control.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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