

Varex Imaging Corp  
 Form 3  
 January 19, 2017

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
VARIAN MEDICAL SYSTEMS INC			(Month/Day/Year)	Varex Imaging Corp [VREX]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
3100 HANSEN WAY				(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)				<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
PALO ALTO, CA 94304				<input type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)		(give title below)	(specify below)
					<input checked="" type="checkbox"/> Form filed by One Reporting Person
					<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	100 <sup>(1)</sup> <sub>(2)</sub>	D	

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
VARIAN MEDICAL SYSTEMS INC 3100 HANSEN WAY PALO ALTO, CA 94304	^	^ X	^	^

## Signatures

/s/ John W. Kuo, Senior Vice President, General Counsel and Corporate Secretary of Varian Medical Systems, Inc.

01/19/2017

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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 Form 3 is being filed in connection with the SEC's declaration of effectiveness of the Registration Statement on Form 10 of Varex Imaging Corporation ("SpinCo"), which describes the planned separation of SpinCo from Varian Medical Systems, Inc. ("Parent").

Pursuant to SpinCo's Certificate of Incorporation (as amended), effective as of 6:00 p.m., Pacific time, on the date set by resolution of the Board of Directors of Parent as the record date for distribution of shares of SpinCo's Common Stock to holders of Parent common shares (such time, the "Effective Time"), the 100 shares of SpinCo's Common Stock held by Parent prior to the Effective Time shall, automatically by operation of law and without any further action on the part of SpinCo or Parent, be subdivided and converted into a number of shares of validly issued, fully paid and non-assessable shares of SpinCo's Common Stock equal to the number of common shares, par value \$1.00, of Parent, issued and outstanding as of the Effective Time, divided by two hundred fifty (250).

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.