LEVY RICHARD M

Form 4

March 15, 2013

FORM 4

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

OMB

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: 3235-0287 Expires: January 31, 2005

OMB APPROVAL

Section 16.
Form 4 or
Form 5
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

burden hours per response... 0.5

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person	*
I EVY RICHARD M	

2. Issuer Name **and** Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

VARIAN MEDICAL SYSTEMS

(Check all applicable)

INC [VAR]

(Middle)

(Zip)

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

03/14/2013

X Director _____ 10% Owner ____ Officer (give title _____ Other (specify

C/O VARIAN MEDICAL SYSTEMS, 3100 HANSEN WAY,

(Street)

(State)

(First)

MAIL STOP E-327

(Last)

(City)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed (Month/Day/Year)

Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

Issuer

PALO ALTO, CA 94304-1030

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Secur	rities Acquir	ed, Disposed of,	or Beneficiall	y 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. Securit onor Dispos (Instr. 3, 4	ed of (` ′	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 Stock	03/14/2013		M	20,000	A	\$ 39.85	20,000	D	
Common Stock	03/14/2013		S <u>(1)</u>	20,000	D	\$ 73.8584 (2)	0	D	
Common Stock	03/14/2013		G(1) V	2,000	D	\$ 0	48,907	I	By Trust

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

Edgar Filing: LEVY RICHARD M - Form 4

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.

SEC 1474

(9-02)

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)	TransactionDerivative Expiration Dat Code Securities (Month/Day/Y		ate	7. Title and Amount Underlying Securiti (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Non-qualified Stock Option (Right to Buy)	\$ 39.85	03/14/2013		M	20,000	(3)	11/18/2014	Common Stock	20,0

Reporting Owners

Reporting Owner Name / Address

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



Signatures

/s/ John W. Kuo, Attorney in Fact for Richard M.
Levy 03/15/2013

**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
- (2) The 20,000 shares were sold in multiple transactions executed on the same day at prices ranging from \$73.60 to \$74.46. The detailed breakdown of executed sales will be furnished upon request.
- Stock option granted under the Varian Medical Systems, Inc. Omnibus Stock Plan, which complies with new Rule 16b-3. The option (3) vests as follows: one third on 11/18/05, 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.

Reporting Owners 2