Edgar Filing: FINNEY ELISHA W - Form 4

FINNEY EL	LISHA W										
Form 4 February 19	2010										
FORN	ПЛ	STATES					ANGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
	Check this box Washington, D.C. 20549									January 31,	
subject to Section	if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						Expires: 200 Estimated average burden hours per response 0.				
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a	a) of the l	Public U		ding Co	npan	y Act of	1935 or Section	l		
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> FINNEY ELISHA W		Person <u>*</u>	2. Issuer Name and Ticker or Trading Symbol VARIAN MEDICAL SYSTEMS					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			INC [V.	AR]				(Check	an applicable)	
(Last) (First) (Middle) C/O VARIAN MEDICAL SYSTEMS, 3100 HANSEN WAY, , MAIL STOP E-327			3. Date of Earliest Transaction(Month/Day/Year)02/18/2010					Director 10% Owner X_ Officer (give title Other (specify below) below) SVP, Finance and CFO			
				ndment, Date Original th/Day/Year)				 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)	Tabl	e I - Non-I	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	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	02/18/2010			М	2,300	A	\$ 24.375	43,582	D		
Common Stock	02/18/2010			S <u>(1)</u>	2,300	D	\$ 49	41,282	D		
Common Stock								31,371	I	By Trust	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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required to respond unless the form displays a currently valid OMB control number.

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. Transactic Code (Instr. 8)	5. Number on f 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-qualified Stock Option (Right to Buy)	\$ 24.375	02/18/2010		М	2,300	(2)	11/14/2012	Common Stock	2,300

Reporting Owners

Relationships **Reporting Owner Name / Address** Officer Director 10% Owner Other FINNEY ELISHA W SVP. C/O VARIAN MEDICAL SYSTEMS Finance and 3100 HANSEN WAY, , MAIL STOP E-327 CFO PALO ALTO, CA 94304-1030 Signatures /s/ John A. Thorson, Attorney in Fact for Elisha W. 02/19/2010 Finney

Explanation of Responses:

**Signature of Reporting Person

- * 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. 1990 Omnibus Stock Plan, which complies with new Rule 16b-3. The
(2) option vests as follows: one third on 11/14/03, and the remaining shares in 24 equal installments over the 24 months following the first vesting date.

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.