## Edgar Filing: KUO JOHN W - Form 4

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Form 4 May 17, 2011	v										
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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549						E COMMISSION	N OMB Number:	- 3235-0287			
Check this if no longer subject to Section 16. Form 4 or	STATE									1, )5 .5	
Form 5 obligations may contin <i>See</i> Instruct 1(b).	ue. Section 17	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 Re	sponses)										
1. Name and Address of Reporting Person <u>*</u> KUO JOHN W			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			VARIAN MEDICAL SYSTEMS INC [VAR]				(Check all applicable)				
(Last) C/O VARIAN SYSTEMS, II WAY M/S E-	N MEDICAL NC., 3100 HAI	Middle) NSEN		of Earliest Ti Day/Year) 2011	ransaction		Director X Officer (giv below) VP, Gen		% Owner her (specify cretary		
Filed(I				If Amendment, Date Original ed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
PALO ALTO	, CA 94304						Person	wore than one R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities	Acquired, Disposed	of, or Beneficia	lly Owned		
	Transaction Date Month/Day/Year)	ransaction Date 2A. Deeme onth/Day/Year) Execution any (Month/Da		Date, if TransactionAcquired (A) or Code Disposed of (D)			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) Pric	e (Instr. 3 and 4)				
Reminder: Repor	t on a separate lin	e for each cl	ass of sec	urities benef	ficially own	ned directly	y or indirectly.				

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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 of 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
Phantom Stock Units	\$ 0	05/16/2011		D		2,714.9015	<u>(1)</u>	(1)	Common Stock	2,714.90

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
KUO JOHN W C/O VARIAN MEDICAL SYSTEMS, INC. 3100 HANSEN WAY M/S E-327 PALO ALTO, CA 94304			VP, Gen Counsel a	and Secretary			
Signatures							
/s/ Franco N. Palomba, Attorney in Fact for Jo Kuo	ohn W.	05/	17/2011				
<b>**</b> Signature of Reporting Person			Date				
Explanation of Responses:							

## 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).
- The units were accrued under the Varian Medical Systems Deferred Compensation Plan and are to be settled in cash in accordance with (1) plan elections.

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.