

VARIAN MEDICAL SYSTEMS INC

Reported by **KUO JOHN W**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/20/20 for the Period Ending 02/18/20

Address 3100 HANSEN WAY

BUILDING 4A

PALO ALTO, CA, 94304-1038

Telephone 650-493-4000

CIK 0000203527

SIC Code 3845 - Electromedical and Electrotherapeutic Apparatus

Industry Advanced Medical Equipment & Technology

Sector Healthcare

Fiscal Year 10/01



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer				
W						MEDIC A	AL S	SYS	ΓEMS	SI	NC [Director	oncaoie)	10%	Owner	
(First	(First) (Middle)				of Earl	iest Trans	actio	n (MM	/DD/YY	YY)	X_ Officer (give title below) Other (specify below) SVP, Gen Counsel and Secretary					
C/O VARIAN MEDICAL SYSTEMS, INC., 3100 HANSEN WAY M/S E-327						2/1	8/2	020								
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
PALO ALTO, CA 94304 (City) (State) (Zip)											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	7	Γable I - N	on-De	rivati	ive Sec	urities Ac	quir	red, D	isposed	l of	f, or Be	neficially Own	ed			
1.Title of Security (Instr. 3)		2. Tran	2. Trans. Date		tion	3. Trans. Co (Instr. 8)	de	or Disposed of (I		Ď)					Ownership of Form: Be	7. Nature of Indirect Beneficial Ownership
						Code	V	Amou		r	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
		2/18/	2020			M		1120	A		<u>(1)</u>		39679		D	
		2/18/	2020			M		798	A		<u>(1)</u>		40477		D	
		2/18/	2020			M		683	A		<u>(1)</u>		41160		D	
Common Stock 2/18/202						F		891	D		\$145.90	40269			D	
Tab	le II - Deri	vative Sec	urities	Bene	eficiall	y Owned	(e.g.,	, puts,	, calls,	wal	rrants,	options, conve	rtible seco	urities)		
2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		I	Securities Derivative	Underlying Security	Derivative Security	Securities Beneficially Owned Following	Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)				n T	Γitle	Amount or Number of Shares			or Indirect (I) (Instr. 4)	
<u>(1)</u>	2/18/2020		M			1120		(2)	<u>(2)</u>		Common Stock	1120	<u>(1)</u>	3645	D	
<u>(1)</u>	2/18/2020		M			798		<u>(3)</u>	<u>(3)</u>		Common	798	(1)	2847	D	
<u>(1)</u>	2/18/2020		M			683		<u>(4)</u>	<u>(4)</u>		Common Stock	683	<u>(1)</u>	2164	D	
	(First N MEDI IANSEN (Stre D, CA 94 (Stry) (Sta 2. Conversion or Exercise Price of Derivative Security (I)	(First) (Mid N MEDICAL SYS IANSEN WAY M (Street) O, CA 94304 (Sty) (State) (Zip) Table II - Deri 2. (Zip)	(First) (Middle) N MEDICAL SYSTEMS, IANSEN WAY M/S E-327 (Street) O, CA 94304 (Sty) (State) (Zip) Table I - N 2. Tran 2/18/ 2/18/ 2/18/ 2/18/ 2/18/ 2/18/ 2/18/ 2/18/ 2/18/ 2/18/2020 (1) 2/18/2020	W V. (First) (Middle) 3. N MEDICAL SYSTEMS, IANSEN WAY M/S E-327 (Street) 4. O, CA 94304 (ity) (State) (Zip) Table I - Non-Determination of the privative Securities 2. Trans. Date 2/18/2020 2/18/2020 2/18/2020 2/18/2020 Table II - Derivative Securities 2. Conversion of Exercise Price of Derivative Security 3. Trans. Date Execution Date, if any Code (Instr. 8) Code (I) 2/18/2020 M (II) 2/18/2020 M (II) 2/18/2020 M	W VARI (First) (Middle) 3. Date N MEDICAL SYSTEMS, IANSEN WAY M/S E-327 (Street) 4. If An O, CA 94304 (Sty) (State) (Zip) Table I - Non-Derivati 2. Trans. Date Execupate, in the state of Execution Date, if any Table II - Derivative Securities Bend Execution Date, if any (Instr. 8) Code V (I) 2/18/2020 M (II) 2/18/2020 M (III) 2/18/2020 M (IIII) 2/18/2020 M (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	W VAR	W VARIAN MEDICAL VAR	VARIAN MEDICAL SYSTEMS, 3. Date of Earliest Transaction 2/18/2 3. Date of Earliest Transaction 2/18/2 4. If Amendment, Date Origin 4. If Amendment, Date Origin 4. If Amendment, Date Origin 5. Date 2/18/2020 5. Date 5. Date 6. Date 6. Date 6. Date 7/18/2020	VARIAN MEDICAL SYSTEMS,	VARIAN MEDICAL SYSTEMS VAR	VARIAN MEDICAL SYSTEMS VAR	W VARIAN MEDICAL SYSTEMS INC VAR	W	VARIAN MEDICAL SYSTEMS INC Director N. Officer (give title below SVP, Gen Counsel and	VARIAN MEDICAL SYSTEMS INC [Check all applicable)	VARIAN MEDICAL SYSTEMS INC

Explanation of Responses:

- (1) Each restricted stock unit represents a contingent right to receive one share of VAR common stock.
- (2) The restricted stock units vest in three equal installments on February 15, 2018, February 15, 2019, and February 15, 2020. Vested shares will be delivered to the reporting person on vest date.
- (3) The restricted stock units vest in three equal installments on February 15, 2019, February 15, 2020, and February 15, 2021. Vested shares will be delivered to the reporting person on vest date.
- (4) The restricted stock units vest in three equal installments on February 15, 2020, February 15, 2021, and February 15, 2022. Vested shares will be delivered to the reporting person on vest date.

Reporting Owners

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	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			SVP, Gen Counsel and Secretary	r					

Signatures

/s/ Michael B. Dunn, attorney-in-fact for John W. Kuo 2/20/2020

**Signature of Reporting Person

Date

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

- * 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).

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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