KUO JOHN W Form 4 April 16, 2010

FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: 2005
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OMB APPROVAL

3235-0287

January 31,

OMB

Number:

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

Stock

(Print or Type Responses)

1. Name and A	2. Issuer Name and Ticker or Trading Symbol VARIAN MEDICAL SYSTEMS INC [VAR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	AN MEDICAL , INC., 3100 HAN	Middle)		f Earliest Ti Day/Year) 010	ransaction			Director 10% Owner Self-control of the control o			
PALO ALT	(Street)		mendment, Date Original Aonth/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	le I - Non-D	Derivative	Securi	ities Aca	uired, Disposed of	f. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3.	4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature Ownership Indirect Form: Direct (D) or Ownershi Indirect (I) (Instr. 4) (Instr. 4)			
Common Stock	04/15/2010			Code V M	Amount 10,000	(D)	Price \$ 37.15	36,968	D		
Common Stock	04/15/2010			M	5,000	A	\$ 37.17	41,968	D		
Common Stock	04/15/2010			S <u>(1)</u>	15,000	D	\$ 57	26,968	D		
Common								1 172 335	ī	By 401k	

Plan

1,172.335

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

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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. Transactic Code (Instr. 8)	5. Number of orDerivative 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 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)	\$ 37.15	04/15/2010		M	10,000	(2)	07/04/2015	Common Stock	10,0
Non Qualified Stock Option (Right to Buy)	\$ 37.17	04/15/2010		M	5,000	(3)	02/13/2016	Common Stock	5,00

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 and Secretary

Signatures

/s/ John A. Thorson, Attorney in Fact for John W.
Kuo
04/16/2010

**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
- Stock option granted under the Varian Medical Systems, Inc. 2005 Omnibus Stock Plan, which complies with Rule 16b-3. The option
- (2) vests as follows: one third on 07/04/2006, and the remaining shares in 24 equal installments over the 24 months following the first vesting date.

Reporting Owners 2

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Stock option granted under the Varian Medical Systems, Inc. Second Amended and Restated 2005 Omnibus Stock Plan, which complies with Rule 16b-3. The option vests as follows: one third on 2/13/2010, 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.