

VERHOEF CLARENCE R
Form 3
August 17, 2012

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

| | | |
|---|--------------------------------------|--|
| 1. Name and Address of Reporting Person * | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol |
| Â VERHOEF CLARENCE R | (Month/Day/Year) | VARIAN MEDICAL SYSTEMS INC [VAR] |
| (Last) (First) (Middle) | 08/11/2012 | |
| | | 4. Relationship of Reporting Person(s) to Issuer |
| | | 5. If Amendment, Date Original Filed(Month/Day/Year) |

C/O VARIAN MEDICAL SYSTEMS, INC., Â 3100 HANSEN WAY, MAIL STOP E327
(Street)

(Check all applicable)

Director 10% Owner
 Officer Other
(give title below) (specify below)
SVP, Finance, Corp Controller

PALO ALTO, Â CA Â 94304-1038
(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock | 4,175 | D | Â |

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership |
|---|---|--|---------------------------|----------------------|--|
|---|---|--|---------------------------|----------------------|--|

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| | Date Exercisable | Expiration Date | (Instr. 4) Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) |
|---|---------------------------|------------------|---------------------|----------------------------|------------------------------|--|------------|
| Non-qualified Stock Option (Right to Buy) | 10/02/2009 ⁽¹⁾ | 10/02/2016 | Common Stock | 10,000 | \$ 50.52 | D | Â |
| Restricted Stock Units | Â ⁽²⁾ | Â ⁽²⁾ | Common Stock | 1,334 | \$ ⁽³⁾ | D | Â |
| Restricted Stock Units | Â ⁽⁴⁾ | Â ⁽⁴⁾ | Common Stock | 3,541 | \$ ⁽³⁾ | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| VERHOEF CLARENCE R C/O VARIAN MEDICAL SYSTEMS, INC. 3100 HANSEN WAY, MAIL STOP E327 PALO ALTO, CA 94304-1038 | Â | Â | Â SVP, Finance, Corp Controller | Â |

Signatures

/s/ Clarence R. Verhoef 08/16/2012

 Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Stock option granted under the Varian Medical Systems, Inc. Amended and Restated 2005 Omnibus Stock Plan, which complies with Rule 16b-3.
- (2) The restricted stock units vests on May 18, 2013. Vested shares will be delivered to the reporting person on vest date.
- (3) Each restricted stock unit represents a contingent right to receive one share of VAR common stock.
- (4) The restricted stock units vest in three equal installments on November 21, 2012, November 21, 2013, November 21, 2014. Vested Shares will be delivered to the reporting person on vest 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.