VARIAN MEDICAL SYSTEMS INC

Form 4 June 18, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB 3

OMB 3235-0287 Number:

OMB APPROVAL

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

5 Relationship of Reporting Person(s) to

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

SECURITIES

Form 5 obligations may continue. See Instruction 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).

Common

Stock

06/18/2008

(Print or Type Responses)

1 Name and Address of Reporting Person *

KLUGE RC	Symbol VARI	2. Issuer Name and Ticker or Trading Symbol VARIAN MEDICAL SYSTEMS INC [VAR]				Issuer (Check all applicable)			
(Last) C/O VARIA SYSTEM, 3 MAIL STO	(Month 06/18/	3. Date of Earliest Transaction (Month/Day/Year) 06/18/2008				Director 10% OwnerX Officer (give title Other (specify below) below) Corp VP; Pres. X-Ray Products			
	4. If An	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
	O, CA 94304	Filed(M	onth/Day/Yea	r)			Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Per More than One Re	
(City)	(State)	(Zip) Ta	ble I - Non-I	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code	4. Securit or(A) or Dis (Instr. 3, 4	sposed	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	06/18/2008		M	30,500	A	\$ 17.95	118,375	D	

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

 $S^{(1)}$

30,500 D

\$ 53

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SEC 1474

(9-02)

87,875 (2)

D

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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,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 17.95	06/18/2008		M	30,500	<u>(3)</u>	11/15/2011	Common Stock	30,5

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KLUGE ROBERT H C/O VARIAN MEDICAL SYSTEM 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304

Corp VP; Pres. X-Ray Products

Signatures

By: Franco N. Palomba For: Robert H. Kluge by attached POA

06/18/2008

**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.
- (2) Amount of securities beneficially owned at the end of the reporting period reflect 491 shares purchased on March 28, 2008 under the Varian Medical Systems, Inc. Employee Stock Purchase Plan.

Stock option granted under the Varian Medical Systems, Inc. 1990 Omnibus Stock Plan, which complies with new Rule 16b-3. The option vests as follows: one third on 11/15/02, 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.

Reporting Owners 2