Edgar Filing: VARIAN MEDICAL SYSTEMS INC - Form 4

VARIAN MEDICAL SYSTEMS INC Form 4 August 31, 2007 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **BROWN JOHN SEELY** Issuer Symbol VARIAN MEDICAL SYSTEMS (Check all applicable) INC [VAR] (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) C/O VARIAN MEDICAL 08/30/2007 SYSTEMS, 3100 HANSEN WAY, MAIL STOP E-327 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting PALO ALTO, CA 94304-1030 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities (Instr. 3) Code Disposed of (D) Beneficially (D) or Indirect Beneficial anv (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Reminder: Report on a separate line for each class of securities beneficially owned directly 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 2.	3. Transaction Date	3A. Deemed	4. 5. Number of		6. Date Exercisable and		7. Title and Amount of		8
Derivati	ive Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		Underlying Securities		Ι
Security	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and 4)		S
(Instr. 3) Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or					(
	Derivative				Disposed of (D)					
	Security			(Instr. 3, 4, and						
					5)					
					· (A) (D)	D (г •	T . 1		
				Code V	(A) (D)		Expiration	litte	Amount or	
						Exercisable	Date		Number of Shares	
									Shares	
Phante	om									
Stock	<u>(1)</u>	08/30/2007	08/31/2007	$A^{(2)}$	86.8486	(2)	(2)	Common	86.8486	
	<u>(1)</u>	00/30/2007	00/31/2007	Λ	00.0+00	<u> </u>		Stock	00.0+00	
Units										

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other **BROWN JOHN SEELY** C/O VARIAN MEDICAL SYSTEMS Х 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304-1030 Signatures

By: Franco N. Palomba For: John Seely Brown by attached POA

**Signature of Reporting Person

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) Each share of phantom stock represents the right to receive one share of VAR common stock or the cash value thereof.

Phantom shares were acquired under the Varian Medical Systems, Inc. 2005 Deferred Compensation Plan. The shares of phantom stock (2) become payable, in cash or common stock, at the election of the reporting person, upon the reporting person's termination of service as a director, according to the guidelines of the Varian Medical Systems, Inc. 2005 Deferred Compensation Plan.

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.

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08/31/2007 Date