## Edgar Filing: GUERTIN TIMOTHY E - Form 4

GUERTIN 7	ГIMOTHY E										
Form 4											
February 12,											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							т	PPROVAL			
	UNITED	SIAIES		shington.			NGE	COMMISSION	Number:	3235-0287	
Check th	is box		vv a	isinington	, D.C. 20	547				January 31,	
if no long subject to Section 1 Form 4 c	5 SIATEN	STATEMENT OF CHANGES IN 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							Expires: Estimated burden hou response	2005 average urs per	
Form 5 obligatio may cont <i>See</i> Instr 1(b).	tinue. Section 17								·		
(Print or Type ]	Responses)										
1. Name and Address of Reporting Person <u>*</u> GUERTIN TIMOTHY E			2. Issuer Name <b>and</b> Ticker or Trading Symbol VARIAN MEDICAL SYSTEMS INC [VAR]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	AN MEDICAL , 3100 HANSEN	Middle) WAY,		of Earliest T Day/Year) 2018	ransaction			X Director Officer (giv below)	e title Ott below)	% Owner her (specify	
				Amendment, Date Original Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
PALO ALT	°O, CA 94304-10	30							More than One R		
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Secur	ities A	cquired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
				Code V	Amount	(D)	Price	(mou. 5 diu 4)			
Reminder: Rep	oort on a separate line	e for each cl	ass of sec	urities benef	ficially ow	ned di	rectly o	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 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 onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(1)	02/09/2018		А	1,441	(2)	(2)	Common Stock	1,441	\$

## **Reporting Owners**

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Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GUERTIN TIMOTHY E C/O VARIAN MEDICAL SYSTEMS 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304-1030	Х						
Signatures							
/s/ Franco N. Palomba, Attorney in Fact for 7 Guertin	Гimothy I	3.	02/1	2/2018			
<b>**</b> Signature of Reporting Person			E	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).
- Each restricted stock unit represents a contingent right to receive one share of VAR common stock. (1)
- The restricted stock units vest on the earlier of February 9, 2019, or the next Annual Meeting of Stockholders that occurs after the Grant (2)Date. 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.