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VARIAN MEDICAL SYSTEMS INC

Form 4 April 03, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB

Washington, D.C. 20549

3235-0287 Number: January 31,

OMB APPROVAL

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per 0.5

Form 5 obligations may continue.

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

response...

Expires:

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** LEVY RICHARD M			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
			VARIAN MEDICAL SYSTEMS INC [VAR]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	_X_ Director 10% Owner Officer (give title below) Other (specify below)		
C/O VARIAN MEDICAL			04/01/2008			

SYSTEMS, 3100 HANSEN WAY, MAIL STOP E-327

> (Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

PALO ALTO, CA 94304-1030

X Form filed by One Reporting Person Form filed by More than One Reporting Person

269,907

Ι

(City)	(State)	(Zip) Tab	ole I - Non-	Derivative Securitie	es Acquir	ed, Disposed of,	or Beneficially	y Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution Date, if		4. Securities Acquirement Disposed of (D)	` ′	5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4 and 5)		Beneficially Owned Following	Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
			Code V	(A) or Amount (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	
Common Stock	04/01/2008		M	30,000 A \$	3.9531	30,000	D	

\$ Common $S^{(1)}$ 48.6174 0 04/01/2008 30,000 D D Stock (2)

Common

Stock

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

by Trust

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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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secu (Instr. 3 and 4)	
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 13.9531	04/01/2008		M	30,000	(3)	11/17/2010	Common Stock	30,0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Date

LEVY RICHARD M C/O VARIAN MEDICAL SYSTEMS 3100 HANSEN WAY, MAIL STOP E-327 PALO ALTO, CA 94304-1030



Signatures

By: Franco N. Palomba For: Richard M. Levy by attached POA

**Signature of Reporting Person

04/03/2008

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) The 30,000 shares were sold in multiple transactions executed on the same day at prices ranging from \$47.33 to \$49.20. The detailed breakdown of executed sales will be furnished upon request.
- (3) Stock option granted under the Varian Medical Systems, Inc. Omnibus Stock Plan, which complies with Rule 16b-3. The option vests as follows: one third on 11/17/01, 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.

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