KUO JOHN W Form 3/A January 23, 2006

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

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

C/O VARIAN MEDICAL

SYSTEMS, INC., Â 3100 HANSEN WAY M/S E-327

Person *

KUO JOHN W

(Last) (First)

(Middle)

Statement

(Month/Day/Year)

07/04/2005

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

VARIAN MEDICAL SYSTEMS INC [VAR]

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

07/06/2005

(Check all applicable)

Director

10% Owner

_X__ Officer Other (give title below) (specify below) VP, Gen Counsel and Secretary

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

Person

Form filed by More than One

Reporting Person

PALO ALTO. CAÂ 94304

(City) (State) (Zip)

(Street)

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

(Instr. 5)

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

Form: (Instr. 5)

Direct (D) or Indirect (I)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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 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

Price of

5. Ownership Form of

Derivative

Security:

Direct (D)

6. Nature of Indirect Beneficial Ownership

(Instr. 4)

Date **Expiration Title** Exercisable Date

Amount or Number of Derivative Security

(Instr. 5)

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Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

KUO JOHN W

C/O VARIAN MEDICAL SYSTEMS, INC. 3100 HANSEN WAY M/S E-327

PALO ALTO, CAÂ 94304

Relationships

Other

A PARIS None Officer Other

A VP, Gen Counsel and Secretary Â

Signatures

John W. Kuo 01/23/2006

**Signature of Person

**Signature of Person

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) The units were accrued under the Varian Medical Systems Deferred Compensation Plan and are to be settled in cash within 60 days of January 1, 2009.
- (2) These shares were omitted from the reporting person's original Form 3.

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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