## Edgar Filing: KLUGE ROBERT H - Form 4

VI LICE DODEDT I

Form 4											
November 2										PROVAL	
FORM	<b>4</b> UNITE	D STATES					NGE C	COMMISSION	OMB OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 cc Form 5 obligatio may cont See Instr 1(b).	ger o 16. or Filed p <sup>nns</sup> Section 1	ursuant to s 7(a) of the	Washington, D.C. 20549 MENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES arsuant to Section 16(a) of the Securities Exchange Act of 1934, '(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires:January 31Expires:200Estimated averageburden hours perresponse0.3	
(Print or Type l	Responses)										
			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)			
	(First) AN MEDICAL 3100 HANSEN P E-327	(Middle) WAY,	3. Date of (Month/D 11/19/20	-	ansaction			Director X Officer (give below) Corp VP; F		Owner er (specify oducts	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	11/19/2010			Code V M	Amount 7,738	(D) A	Price \$ 49.88	(Instr. 3 and 4) 52,356	D		
Common Stock	11/19/2010			S <u>(1)</u>	7,738	D	\$ 65	44,618	D		

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.

### Edgar Filing: KLUGE ROBERT H - Form 4

#### 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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-qualified Stock Option (Right to Buy)	\$ 49.88	11/19/2010		М	7,738	(2)	11/17/2015	Common Stock	7,738

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	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							
/s/ Franco N. Palomba, Attorney in Fact for l Kluge	Robert H.		11/22/2010				
<b>**</b> Signature of Reporting Person			Date				
<b>Explanation of Response</b>	s:						

## TICOP

- \* 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
- Stock option granted under the Varian Medical Systems, Inc. 2005 Omnibus Stock Plan, which complies with Rule 16b-3. The option
- (2) vests as follows: one third on 11/17/06, 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.