

MOMSEN MAGNUS  
Form 4  
October 31, 2018

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
MOMSEN MAGNUS

2. Issuer Name and Ticker or Trading Symbol  
VARIAN MEDICAL SYSTEMS INC [VAR]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
10/29/2018

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
SVP, CAO, Corporate Controller

C/O VARIAN MEDICAL SYSTEMS, INC., 3100 HANSEN WAY, MS E327

(Street)

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

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_\_ Form filed by More than One Reporting Person

PALO ALTO, CA 94304

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Ownership (Instr. 4)
			Code	V Amount (A) or (D) Price			
Common Stock	10/29/2018		M <sup>(1)</sup>	1,000 A \$ 60.91	1,681	D	
Common Stock	10/29/2018		M <sup>(1)</sup>	157 A \$ 60.91	1,838	D	
Common Stock	10/29/2018		S <sup>(1)</sup>	1,000 D \$ 111.073 <sup>(2)</sup>	838	D	
Common Stock	10/29/2018		S <sup>(1)</sup>	157 D \$ 111.6136 <sup>(3)</sup>	681	D	

Edgar Filing: MOMSEN MAGNUS - Form 4

Common Stock	10/29/2018		<u>M</u> <sup>(1)</sup>	1,543	A	\$ 74.06	2,224	D
Common Stock	10/29/2018		<u>S</u> <sup>(1)</sup>	1,543	D	\$ 112.1469	681 <sup>(5)</sup>	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.**

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 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 of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non Qualified Stock Option (Right to Buy)	\$ 60.91	10/29/2018		<u>M</u> <sup>(1)</sup>	1,000	11/09/2015 <sup>(6)</sup> 11/09/2019	Common Stock	1,000	
Non Qualified Stock Option (Right to Buy)	\$ 60.91	10/29/2018		<u>M</u> <sup>(1)</sup>	157	11/09/2015 <sup>(6)</sup> 11/09/2019	Common Stock	157	
Non Qualified Stock Option (Right to Buy)	\$ 74.06	10/29/2018		<u>M</u> <sup>(1)</sup>	1,543	02/21/2017 <sup>(7)</sup> 02/21/2021	Common Stock	1,543	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MOMSEN MAGNUS C/O VARIAN MEDICAL SYSTEMS, INC. 3100 HANSEN WAY, MS E327 PALO ALTO, CA 94304			SVP, CAO, Corporate Controller	

## Signatures

/s/ Siang Chin, attorney-in-fact for Magnus  
Momsen 10/30/2018

\_\_Signature of Reporting Person

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).
- (1) This transaction is pursuant to the filer's SEC Rule 10b5-1 Stock Plan
  - (2) The 1,000 shares were sold in multiple transactions executed on the same day at prices ranging from \$110.53 to \$111.51. The detailed breakdown of executed sales will be furnished upon request.
  - (3) The 157 shares were sold in multiple transactions executed on the same day at prices ranging from \$111.61 to \$111.62. The detailed breakdown of executed sales will be furnished upon request.
  - (4) The 1,543 shares were sold in multiple transactions executed on the same day at prices ranging from \$111.62 to \$112.56. The detailed breakdown of executed sales will be furnished upon request.
  - (5) Amount of securities beneficially owned at end of reporting period reflect 57 shares purchased on October 26, 2018 under the Varian Medical Systems, Inc. Employee Stock Purchase Plan .  
Stock option granted under the Varian Medical Systems, Inc. Third Amended and Restated 2005 Omnibus Stock Plan, which complies
  - (6) with Rule 16b-3. The option vests as follows: one third on 11/09/2013, and the remaining shares in 24 equal installments over the 24 months following the first vesting date.  
Stock option granted under the Varian Medical Systems, Inc. Third Amended and Restated 2005 Omnibus Stock Plan, which complies
  - (7) with Rule 16b-3. The option vests as follows: one third on 02/21/2015, 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.