

KUO JOHN W  
Form 3/A  
January 23, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 \*

^ KUO JOHN W  
(Last) (First) (Middle)

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

(Street)

PALO ALTO, ^ CA ^ 94304

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
07/04/2005

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

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
(give title below) (specify below)  
VP, Gen Counsel and Secretary

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

07/06/2005

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

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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  
(Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Date Exercisable      Expiration Date      Title      Amount or Number of

|                     |       |       |                 |                 |      |                                  |   |
|---------------------|-------|-------|-----------------|-----------------|------|----------------------------------|---|
|                     |       |       |                 | Shares          |      | or Indirect<br>(I)<br>(Instr. 5) |   |
| Phantom Stock Units | Â (1) | Â (1) | Common<br>Stock | 273.9527<br>(2) | \$ 0 | D                                | Â |

## Reporting Owners

| Reporting Owner Name / Address                                                                     | Relationships |           |                                 |       |
|----------------------------------------------------------------------------------------------------|---------------|-----------|---------------------------------|-------|
|                                                                                                    | Director      | 10% Owner | Officer                         | Other |
| KUO JOHN W<br>C/O VARIAN MEDICAL SYSTEMS, INC.<br>3100 HANSEN WAY M/S E-327<br>PALO ALTO, CA 94304 | Â             | Â         | Â VP, Gen Counsel and Secretary | Â     |

## Signatures

John W. Kuo                      01/23/2006

\_\_Signature of                      Date  
Reporting 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.