Edgar Filing: LAVIGNE LOUIS J JR - Form 4

| LAVIGNE L | OUIS J JR | | | | | | | | | |
|--------------------------------------|--|---|---|---|----------|---------------|---|--|---|--|
| Form 4 | 2010 | | | | | | | | | |
| December 01 | | | | | | | | | | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | COMMISSION | | PROVAL 3235-0287 | |
| | | | | | | | • | | | |
| (Print or Type R | esponses) | | | | | | | | | |
| LAVIGNE LOUIS J JR Symbol | | | suer Name and Ticker or Trading ol URAY INC [ARAY] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Month. | | | ate of Earliest Transaction nth/Day/Year) 30/2010 | | | | Officer (give title Other (specify below) below) | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| SUNNYVAI | LE, CA 94089 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) Tabl | e I - Non-D | erivative S | ecurit | ies Acq | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 11/30/2010 | | Code V $A^{(1)}$ | Amount 20,067 (2) | (D) A | Price \$ 0 | | 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 2) | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | 4. Transacti Code | of | | 6. Date Exerce Expiration D (Month/Day/ | ate | Amou Unde | le and unt of rlying | 8. Price of Derivative Security | 9. Nu Deriv Secur |
|---|------------------------------------|---|------------------------|-------------------------|---|-----|---|--------------------|--------------|--|--|-------------------------|
| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Secur (Instr | 1 3 and 4) | (Instr. 5) | Bene Owne Follo Repo Trans (Instr | |
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | ips | | | | |
|--|----------|------------|---------|-------|--|--|--|
| FB | Director | 10% Owner | Officer | Other | | | |
| LAVIGNE LOUIS J JR 1310 CHESAPEAKE TERRACE SUNNYVALE, CA 94089 | Х | | | | | | |
| Signatures | | | | | | | |
| By: Michael Olivas For: Louis J. Lavigne Jr. | | | | | | | |
| **Signature of Reporting Person | | Da | te | | | | |
| 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 annual grant is represented by restricted stock units. Each restricted stock unit represents a contingent right to receive one share of ARAY common stock.
- (2) All of the restricted stock units vest on November 19, 2011, one year from the vesting commencement 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.