Edgar Filing: ACCURAY INC - Form 4

ACCURAY	Y INC										
Form 4											
February 13	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								MMISSION		OMB APPROVAL	
-	UNITED	STATES			, D.C. 205		NGE CU	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	OMB Number:	3235-0287	
Check t			,,,,	Simgon	, 0.0.20				Expires:	January 31,	
if no lor		MENT OF	F CHAN	NGES IN BENEFICIAL OWNERS				ERSHIP OF	•	2005	
Statement of char Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 or									response	0.5	
Form 5 obligati	-						•	Act of 1934,			
may con	ntinue. Section 170				ding Com t Company			935 or Section			
<i>See</i> Inst 1(b).	ruction	50(II)	of the fi	iivestiiteiti	Company	y Act	01 1940				
(Print or Type	Responses)										
1. Name and	Address of Reporting	Person *	2 Issue	er Name an	d Ticker or T	Fradin	σ 5	. Relationship of I	Reporting Pers	on(s) to	
LEVINE JOSHUA Symbol								Issuer			
				CCURAY INC [ARAY]				(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction			Спеск)	
			(Month/	/Day/Year)				Director 10% Owner			
1310 CHESAPEAKE TERRACE 02/13/			02/13/2	/13/2013				XOfficer (give titleOther (specify below) below)			
								· · · · · · · · · · · · · · · · · · ·	dent & CEO		
(Street) 4. If Am			Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
Filed(Mo							Applicable Line) _X_ Form filed by One Reporting Person				
SUNNIV	ALE, CA 94089							Form filed by Mo			
SUMMINI	ALL, CA 94009						Р	Person			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative S	ecuri	ties Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.4. Securities Acquired (A)Transactionor Disposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution	Date, if					Securities Beneficially	Ownership Form:	Indirect Beneficial	
(IIIsu. <i>5)</i>		any (Month/Da	y/Year)					Owned	Direct (D)	Ownership	
			-					Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(1115111-1)		
~				Coue v	Amount	(D)	\$				
Common	02/13/2013			Р	100,000	А	4.3789	300,000	D		
Stock							(1)				

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. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 9	Director	10% Owner	Officer	Other			
LEVINE JOSHUA 1310 CHESAPEAKE TERRACE SUNNYVALE, CA 94089			President & CEO				
Signatures							
By: Oria De La Cerda For: Joshua H Levine	[02/13/2013					

<u>**</u>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).

The purchase price represents the weighted average purchase price of the shares purchased ranging from \$4.3350 to \$4.3900. Upon

(1) request by the Commission Staff, the Issuer or Security Holder, the Reporting Person will provide full information regarding the number of shares purchased at each separate price.

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.