Edgar Filing: LAVIGNE LOUIS J JR - Form 4

LAVIGNE L	OUIS J JR										
Form 4											
December 04	, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION						COMMERION		OMB APPROVAL			
	CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						_OMMN15510IN	OMB Number:	3235-0287		
Check this	s box	·	washington,	D.C. 205	47				January 31,		
if no long		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005 2005		
subject to Section 10		SECURITIES						Estimated average burden hours per response 0.5			
Form 4 or											
Form 5	Filed pur	suant to Section	on 16(a) of the	e Securiti	es Ex	chang	e Act of 1934,				
obligation may conti			•	. .			f 1935 or Section	n			
See Instru		30(h) of th	e Investment	Company	Act	of 194	40				
1(b).											
(Print or Type R	lesponses)										
							Reporting Person(s) to				
LAVIGNE I	ool					Issuer					
ACCU			CURAY INC [ARAY]				(Check all applicable)				
(Last)	te of Earliest Tr	liest Transaction					·				
			nth/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
1310 CHESA	APEAKE TERR	ACE 11/3	0/2017				below)	below)	ci (speeny		
			Amendment, Da	te Original			6. Individual or Joint/Group Filing(Check				
			(Month/Day/Year)	-				Applicable Line)			
Pe							X_Form filed by One Reporting Person Form filed by More than One Reporting				
SUNNYVA	LE, CA 94089						Person		porting		
(City)	(State)	(Zip)	Table I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date		3.			-		6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution Date any	on Date, if Transaction(A) or Disposed of Code (D)			of		Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership (Instr. 4)		
(1130.5)		(Month/Day/Y		· · /			•				
		•					Following	(Instr. 4)			
					(A)		Reported Transaction(s)				
			Code V	Amount	or	Dries	(Instr. 3 and 4)				
Common			Code V	Amount 29,126	(D)	Price					
Stock	11/30/2017		A <u>(1)</u>	(2)	А	\$0	175,062	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	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNum	ber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deri	vative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Secu	rities			(Instr	. 3 and 4)		Owne
	Security				Acqu	iired						Follo
	•				(A) c	or						Repo
					Disp	osed						Trans
					of (Ľ							(Instr
					(Inst	r. 3,						Ì
					4, an	d 5)						
				a		æ.		- · ·				
				Code V	(A)	(D)	Date	Expiration	Title			
							Exercisable	Date		or		
										Number		
										of		
										Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh					
FB	Director	10% Owner	Officer	Other			
LAVIGNE LOUIS J JR 1310 CHESAPEAKE TERRACE SUNNYVALE, CA 94089	Х						
Signatures							
By: John McKune For: Louis J. Lavigne Jr.	12/04/2017						
**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) All of the restricted stock units vest one year from the vesting commencement date.
- (2) This grant is represented by restricted stock units. Each restricted stock unit represents a contingent right to receive one share of ARAY common stock.

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.