FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

defense	d to satisfy the conditions of l truction 10.	affirmative Rule 10b5-1(c).																		
1. Name and Address of Reporting Person*  Bardwell Kathleen					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Varex Imaging Corp   VREX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Bardwen Kauneen					<u> </u>								X D	Director			10% Ow	ner		
(Last)	(Last) (First) (Middle)				3. Da	Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)		Other (s below)		pecify	
C/O VAREX IMAGING CORP.				02/08/2024																
1678 S. PIONEER ROAD																				
				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SALT LA	AKE	_												X F	rm fil	led by One	Reporti	ng Perso	n	
CITY	U'	Γ 8	34104												rm fil erson	led by More	than O	ne Repoi	rting	
(City)	(Si	tate) (	Zip)																	
		Table	e I - Nor	n-Deriv	ative	Sec	urities	s Ac	quired,	Dis	posed (	of, or Be	enefici	ally Ov	ned	ł				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Ex	A. Deemed Execution Date, fany Month/Day/Yea		Code (Ins			rities Acquired (A ed Of (D) (Instr. 3,		and Sec Bei Ow		s Fo ally (D following (I)	6. Owne Form: D (D) or In (I) (Instr.	direct E	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	nt (A) or (D)		Tra	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
	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. Deem Execution if any (Month/Da	Date,	Code (In:				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.	ive y i)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amoun or Numbe of Shares							
Deferred Stock Units	(1)	02/08/2024			A		9,643		(2)		(2)	Common Stock	9,643	\$0		9,643		D		

## **Explanation of Responses:**

- 1. Each Deferred Stock Unit converts into common stock on a one-for-one basis.
- 2. These Deferred Stock Units vest 100% on the earlier of (i) the one-year anniversary of the date of the grant and (ii) the next annual meeting of stockholders that occurs after the date of grant. Vested shares will be delivered to the reporting person upon the earlier of (i) the third anniversary of the date of grant (ii) a change in control or (iii) the reporting person's termination of service for any reason.

## Remarks:

/s/ Kathleen L Bardwell

\*\* Signature of Reporting Person

02/12/2024

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.