FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	MB Number: 3235-0287							
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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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

Name and Address of Reporting Person* Maheshwari Shubham					2. Issuer Name and Ticker or Trading Symbol Varex Imaging Corp [VREX]									5. Relationship of Reporting Per (Check all applicable) Director Officer (give title				n(s) to Iss 10% Ow Other (s	ner
(Last) (First) (Middle) 1678 S. PIONEER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024									X Officer (give title below) Chief Financial Officer					poony	
(Street) SALT LAI CITY	KE UT	8-	4104		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					n
(City)	(Sta	te) (Z	ľip)			Form filed by More than One Reporting Person											ung		
		Table	l - Non	-Deriva	ative S	Secu	ırities	Acc	quired, l	Dis	oosed o	f, or Be	nefic	ially	Owned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			Date,	Transaction Dispo			ities Acqui d Of (D) (In		4 and Securit		es ally Following	6. Owne Form: D (D) or Ir (I) (Insti	Direct c ndirect E r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	nt (A) or (D) F		ce	Transaction(s) (Instr. 3 and 4)				111501. 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	n Date,	4. Transac Code (li 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (1	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y O Fe Di oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er					
Performance Stock Units	(1)	12/16/2024			A		2,839	П	(2)		(2)	Common Stock	2,83	9	\$0	2,839		D	

Explanation of Responses:

- 1. Each PSU represents a contingent right to receive one share of Varex Imaging common stock, subject to the achievement of applicable performance criteria.
- 2. On December 10, 2023, the Reporting Person was granted PSUs, the vesting of which is subject to the achievement of certain performance criteria. The number of shares reported represents the number of PSUs that were earned as a result of the achievement of such performance criteria. Following the completion of Fiscal Year 2026, the Compensation Committee will certify and approve the total number of PSUs that were earned, and such PSUs will vest subject to the Reporting Person being employed through the vesting date.

Remarks:

/s/ Shubham Maheshwari

12/18/2024

** Signature of Reporting Person

Date

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

- * 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.