FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|---|--|--|-----------|--|--------------------------|---|-----------|------------------|---|----------------------|--|-----------------|---|---|---|---|---|--|
| 1. Name and Address of Reporting Person* Milliken Darren J. | | | | | 2. Issuer Name and Ticker or Trading Symbol ACCURAY INC [ARAY] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>Millike</u> | <u>n Darren</u> | <u>J.</u> | | | | | | | . L | , | | | | | | Direc | Director 10% Owner | | |
| - | | | | | | | | | | | | | | \dashv | X | | er (give title | | (specify |
| (Last) | (F | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2009 | | | | | | | | | belov | , | below |) |
| 1310 CH | ESAPEAK | E TERRACE | | | 11/(| J2/2\ | J09 | | | | | | | | SVP General Counsel | | | | |
| (Chrosh) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SUNNY | MIE C | ٨ | 94089 | | 1 | | | | | | | | | ٦١ | X | Form | filed by One | Reporting Per | son |
| SUMNI | VALE C | LE CA | | | | | | | | | | | | Λ | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | | | | | 1 | | | | | | | | | | | Pers | | e man One Rep | Juling |
| (City) | (S | tate) (| Zip) | | 1 | | | | | | | | | | | | | | |
| | | Tab | e I - Noi | n-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | posed o | f, o | r Ben | efici | ally C | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution | | n Date, | Transaction Dispos | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, | | | nd | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common | Stock | | | 11/02 | /2009 | | | | D | | 273 | | D | \$5.7 | ⁷⁵⁽¹⁾ | 1 | 1,477 | D | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | y Ow | /ned | | | |
| 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, | | ansaction ode (Instr. | | | | Exerci: on Dai Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | V | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nui of | ount mber | | | | | |

Explanation of Responses:

1. Shares were automatically sold in accordance with Accuray policy for all restricted stock unit (RSU) releases in order to cover tax obligations upon RSU release and is consistent with Accuray practices for all RSU releases of employees located in the United States.

By: Lori Serrano For: Darren J. 11/03/2009 Milliken

** 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.