FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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).

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

| 1. Name and Address of Reporting Person* Milliken Darren J. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACCURAY INC [ARAY] | | | | | | | | | | pplio ecto | | | 10% O | wner | ner | |
|--|---|--|---|---------|---|---|--|--------|---------|-----------------------------------|-------------|--|---------------------------------|-------------------------------------|--|---|---|---|---------------|--|---|-----------------|--|
| (Last) (First) (Middle) 1310 CHESAPEAKE TERRACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2010 | | | | | | | | | | | Officer (give title below) SVP General | | | Other (below) Counsel | specify | | |
| (Street) SUNNYVALE CA 94089 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | Person | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curit | ies Ad | cqu | uired, I | Disp | osed c | of, or | Ber | neficia | lly Ow | nec | ı | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month) | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 1 | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securiti Benefic Owned | | es ally Following | Form (D) o | : Direct | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code V | | Amount | | A) or D) | Price | Reporte Transac (Instr. 3 | | tion(s) | | | (Instr. 4) | | | | | |
| Common | Stock | 1/2010 | 2010 | | | | M | | 1,000 | 1,000 A | | \$1.7 | ⁷ 5 8, | | 727 | | D | | | | | | |
| Common | Stock | 1/2010 | 2010 | | | | S | | 1,000 E | | D | \$6(1 | 7,727 | | 727 | | D | | <u>]</u> | | | | |
| | | 7 | Table II - | | | | | | | | | sed of onverti | | | | / Own | ed | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transactior Code (Instr. 8) | | | | | Date Exe opiration onth/Day | Date | Amount of | | int of rities rlying ative | l Security | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | ct al nip | |
| | | | | c | Code | v | (A) | (D) | | ate kercisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | | |
| Incentive Stock Option (right to buy) | \$1.75 | 06/01/2010 | | | М | | | 1,000 | | (2) | 05 | 5/18/2014 | Comn | | 1,000 | \$0 | | 33,000 |) | D | | | |

Explanation of Responses:

- 1. These shares were sold pursuant to a 10b5-1 plan at \$6.00 per share.
- 2. The options are exercisable as they vest. A total of 25% of the entire number of shares subject to this stock option becomes vested and fully exercisable on the first anniversary of the vesting commencement date and the remaining shares subject to this stock option vest and become exercisable in equal monthly installments, ratably over the following 36 months.

Darren J. Milliken

06/02/2010

** 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.