FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------|--|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | | 3235-028 | | | | | | | | | |
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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).

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* LAVIGNE LOUIS J JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACCURAY INC [ARAY] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|---|-------------|---------|-----------------|---|---|---|---------|--------|---|--------------------------|---|---|---|---|--|--|------------|--|
| LAVIGNE LOUIS J JK | | | | | | | | | _ | | | | | X Dire | ector | | 10% C | wner | | |
| (Last) (First) (Middle) 1310 CHESAPEAKE TERRACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/28/2014 | | | | | | | | | Offi belo | cer (give title ow) | Other (specify below) | | | |
| (Street) | YVALE CA 94089 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Lir | ne) X For For | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (\$ | State) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | ficia | lly Own | ed | , | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | d Secu Bene | ficially ed Following | 6. Owne Form: D (D) or In (I) (Instr | irect direct | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (4 | A) or D) | Price | Trans | saction(s) . 3 and 4) | | | (Instr. 4) | |
| Common Stock 11/28 | | | | | 3/2014 | 2014 | | A ⁽¹⁾ | | 17,416 | 6 ⁽²⁾ A | | \$ <mark>0</mark> . | 0 1 | 121,452 | |) | | | |
| | | Та | ıble II - D | | | | | | | | sed of, onvertib | | | | Owned | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | Conversion or Exercise (Month/Day/Year) Price of Derivative Execution Date, if any (Month/Day/Year) | | Date, | | saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | unt ber | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owr Forr Dire or In (I) (II | ership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 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.

By: Oria De La Cerda For: Louis J Lavigne Jr

12/02/2014

** 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.