Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Thomson Euan					2. Issuer Name and Ticker or Trading Symbol ACCURAY INC [ARAY]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	ast) (First) (Middle) B10 CHESAPEAKE TERRACE					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2009								X		(give title	Other (specify below)		1	
(Street) SUNNY (City)		A tate)	94089 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				ction	on 2A. Deemed Execution Date,		3.		sposed of, or Benefic 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amo Securi Benefi		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			Instr. 4)					
Common	mmon Stock 06/01/2			/2009	009			S		17,500	D	\$6.03	364(1)	17,	,500		D			
Common	Stock			06/02/	/2009				S		17,500	D	\$6.1	284(2)	0 D					
Common	Stock			06/02/	/2009				M		15,000	A	\$0	.75	5 15,000 D					
		-	Table II								posed of, convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisabl Expiration Date (Month/Day/Year)		ate	e of Securities		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Di or	LO. Dwnership 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	Amor or Numl of Share	ber						
Incentive Stock Option (right to	\$0.75	06/02/2009			M			15,000	(3)		03/28/2012	Common Stock	15,0	000	\$0	387,499	9	D		

Explanation of Responses:

- 1. A total of 17,500 shares were sold, at an average sale price of \$6,04 per share. The actual sale price for the shares was: 1,200 shares at \$6.00; 1,600 shares at \$6.01; 4,200 shares at \$6.02; 3,100 shares at \$6.03; 700 shares at \$6.04; 4,100 shares at \$6.05; 800 shares at \$6.06; 1,700 shares at \$6.09; 100 shares at \$6.10.
- 2. A total of 17,500 shares were sold, at an average sale price of \$6.03 per share. The actual sale price for the shares was: 600 shares at \$6.01; 778 shares at \$6.03; 522 shares at \$6.04; 1,400 shares at \$5.08; 200 shares at \$6.10; 553 shares at \$6.11; 300 shares at \$6.12; 4,800 shares at \$6.13; 1,247 shares at \$6.14; 1,272 shares at \$6.15; 3,600 shares at \$6.16; 2,028 shares at \$6.19.
- 3. 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.

Euan S. Thomson

06/02/2009

** 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.