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

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CH | ANGES | IN BE | NEFICIAL | OWNERSHIP |
|-----------|-------|-------|-------|----------|-----------|
| | | | | | |

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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* LEVINE JOSHUA | | | | | 2. Issuer Name and Ticker or Trading Symbol ACCURAY INC [ARAY] | | | | | | | | | ationship all app Direc | , | ng Pei | rson(s) to Is | | |
|--|---|--|-----------------|-------------------------------------|--|---|--|---------------------------|--|----------------------------------|---|-------------------------------|------------------------|--|---|---|--|--|------------|
| (Last) 1310 CH | • | rst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2020 | | | | | | | X | Office below | er (give title w) President & | | Other (specify below) CEO | | |
| (Street) SUNNY (City) | | | 24089 Zip) | | 4. If <i>i</i> | Amend | ment, | Date (| of Origir | nal File | ed (Month/Da | y/Year | | 6. Indiv Line) X | Form | Joint/Group filed by One filed by Mor on | e Rep | oorting Pers | on |
| | | Table | I - No | on-Deriva | tive S | Secui | rities | Acc | quirec | d, Dis | sposed of | , or E | Benefic | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | | 3. 4. Securities Disposed Of Code (Instr. 8) | | | | and 5) Securi Benefi Owner | | ties cially I Following | Forn (D) c | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Common Stock 10/02 | | 10/02/20 |)20 | | | S | | 15,370(1) | D \$2.4 | | 4311 | 764,943 ⁽²⁾ | | | D | | | |
| | | Tal | ble II | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu | eemed ution Date, h/Day/Year) | Transaction Code (Instr. 8) Der Sec Acc (A) Dis of (Instr. Instruction of Code (Instruction o | | of Deriv Secu Acqu (A) or Dispo of (D (Instr and £ | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Der Sec (Ins | 8. Price of Derivative Security (Instr. 5) Security (Instr. 5) Repo Trans (Instr | | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

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
- 2. Beneficially owned shares reduced by 418,490 shares cancelled from 10/31/2019 performance grant and 133,500 shares cancelled shares from 09/29/2017 performance grant where the performance metrics were not met.

By: Brandy Green For: Joshua Levine

10/06/2020

** 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.