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										
hours per response:	0.5									

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

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* <u>SZE VICTOR S</u>						2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [OSIS]									eck all app Dired	olicable) ctor		ó Owner
(Last) (First) (Middle) 12525 CHADRON AVE						3. Date of Earliest Transaction (Month/Day/Year) 07/05/2011								7	belov			er (specify ow)
(Street) HAWTHORNE CA 90250 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. In Line				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Code (Instr. 5)					Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership	
										v	Amount	(A (D	or	Price	Trans	action(s) 3 and 4)		(Instr. 4)
Common Stock 07/05,						2011		A		343(1)) A S		\$30.9	1 6	57,257	D		
		Ta	able II - C								sed of, onvertib				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transacti Code (Ins					6. Date E Expiratio (Month/D	n Date	Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber				

Explanation of Responses:

1. Acquired pursuant to issuer's Employee Stock Purchase Plan

<u>/s/ Victor S. Sze</u> <u>07/05/2011</u>

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.