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 b | ourden | | | | | | | |

0.5

hours per response:

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* <u>CHOPRA DEEPAK</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [OSIS] | | | | | | | | | | | p of Reportin blicable) ctor | g Perso | on(s) to Is | |
|---|---|--|---|--|---------|---|---|--|--|-----------|--|---|---------|---------|--|--------------------------------------|--|------------------------------------|--|--|--|
| (Last) (First) (Middle) 12525 CHADRON AVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2016 | | | | | | | | | | Offic below | , | Other (specify below) and CEO | | | |
| (Street) HAWTHORNE CA 90250 (City) (State) (Zip) | | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indiv ine) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, o | r Ber | nefici | ally | Owne | ed | | | |
| Date | | | | 2. Transaction Date (Month/Day/Year) | |) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | Securi Benefi Owne | 5. Amount of Securities Beneficially Owned Following | | nership Direct Indirect itr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | | | |
| Common Stock 10/21/2 | | | | | | 2016 | :016 | | F | | 29,104(1) | | D | \$66.22 | | 523,210 | | | D | | |
| Common Stock 10/21/2 | | | | | | 2016 | .016 | | A | | 72,000 | 2) | A \$0 | | 0 595,210 | | | D | | | |
| Common Stock 10/21/ | | | | | 2016 | 2016 | | F | | 37,572(1) | | D | \$66.22 | | 557,638 | | | D | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Executive or Exercise (Month/Day/Year) if any | | 3A. Deem Execution if any (Month/D | Date, Transaction Code (Inst | | nstr. | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rities ired r osed) : 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. and 4) Amour or Numbe of Title Shares | | | Deri | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Dir or (I) | vnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Pursuant with a net settlement, shares of stock were rendered to satisfy tax withholding obligations. No shares of stock were sold.
- $2.\ Shares$ are issued pursuant to performance based vestings.

/s/ Deepak Chopra

10/21/2016

** 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.