FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| washington, | D.C. | 20549 | |
|-------------|------|-------|--|
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| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | hurden | | | | | | | | |

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* CHOPRA DEEPAK | | | | | | 2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [OSIS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--------|----------------------------------|-----------------|--|---|------|--|--------|--------------------------------|---|--|---|---|--------------------------------------|---|--|--|
| CHOPKA DEEPAK | | | | | | | | | | | | | | X | Direc | ctor | 10% (| Owner | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X | Offic belov | er (give title w) | Other below | (specify | |
| 12525 CHADRON AVE | | | | | 02/ | 02/04/2011 | | | | | | | | | | President | t and CEO | | |
| (Street) | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| HAWTHORNE CA 90250 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | son | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | orting | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 1) | | | | and 5) Secur Benef Owner | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | | Repoi Trans (Instr. | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock 02/04/20 | | | | 2011 |)11 | | S | | 25,000(1) | D | \$37. | 37.8592 | | 71,307 | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | Code (In | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Secu (Inst | rative derivative Securities (r. 5) Beneficial Owned Following Reported | Following Reported Transaction | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. This sale is pursuant to the Reporting Owner's Rule 10b5-1 Plan.

/s/ Deepak Chopra 02/04/2011

** 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.