FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL									
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l	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response	0.5								

	Check this box if no longer subjec
$\neg$	to Section 16. Form 4 or Form 5
_	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					0. 000		,,,,				mpany Act c									
Name and Address of Reporting Person*     Chandra Shalabh						2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [ OSIS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Chanara Sharabii															Direc			10% Ov	-	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								X Officer (give title below)				Other (s	specify	
12525 CHADRON AVE						07/28/2023								PRES., SPACELABS HEALTHCARE						
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)					1									X	Form	filed by On	e Ren	orting Pers	on	
HAWTHORNE CA 90250														Form filed by More than One Reporting						
(City) (State) (Zip)					Person															
(- 3)	(-	(	1-7		Rule 10b5-1(c) Transaction Indication															
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	on-Deriva	tive S	ecui	rities	Acc	quired,	Dis	posed of	f, or	Benefic	ially	/ Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Secur Benef Owne		cially 1	6. Ownership Form: Direct (D) or Indirect (I)	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A)	or Price		Repor Transa	Reported Transaction(s)		Instr. 4)	(Instr. 4)	
											(D)	-	<del>-  `</del>		nstr. 3 and 4)					
Common Stock 07/28/20						)23		A		2,125 <sup>(1)</sup> A		\$117	7.63	12,764			D			
		Tab	le II	- Derivativ (e.g., pu							osed of, convertib				Owne	ed				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rative rities iired r osed ) c. 3, 4	Expiration (Month/Day d			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price of Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A) (		(D)	Date Expiration Exercisable Date		Title	Amount or Number of Shares									

## Explanation of Responses:

1. Shares are restricted stock units issued to the Reporting Person pursuant to the OSI Systems, Inc. Amended and Restated 2012 Incentive Award Plan. Vesting and amount of shares are subject to achievement of performance targets.

/s/ Shalabh Chandra

08/01/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.