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 | | | | | | | | | |

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>LUSKIN MEYER/</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [OSIS] | | | | | | | | | | all app | nship of Reporting Pa applicable) Director | |) to Is | |
|---|---|-----|---|------------|---|--|---|-------|--|----------------------------------|-------------------------|---|-----------|----------|----------------------------|---|---|---|-------------|---|
| (Last) (First) (Middle) 12525 CHADRON AVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2007 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| (Street) HAWTH (City) | ORNE (| | 90250 (Zip) | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Individine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deri\ | /ative | Sec | curitie | s Acc | quired | , Dis | posed o | f, or | Ben | efici | ally C | wne | ed | | | |
| Date | | | | Date | te Ex onth/Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securiti Disposed | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | 4 and 5) Se Be Ov | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | (A (D |) or) | Price | - 1- | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| Common Stock | | | | 03/20/2007 | | | | | S | | 6,000 | | D | \$25.029 | | 59,700 | | I (1) | | See Footnote 1 ⁽¹⁾ |
| | | Ta | | | | | | | | | osed of, onvertib | | | | | ned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | nstr. 3 | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | (D) rect | Beneficial Ownership (Instr. 4) |
| | Code V | | | | (A) | (D) | Date Exercisa | able | Expiration Date | Amount or Number of Title Shares | | mber | | | | | | | | |

Explanation of Responses:

1. Consists of shares of common stock held by Meyer and Doreen Luskin Family Trust. Also includes shares of common stock owned directly by Scope Industries, and indirectly by the reporting person as Chairman, President and CEO of Scope Industries. The reporting person disclaims beneficial ownership of such securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

<u>/s/ Meyer Luskin</u> <u>03/20/2007</u>

** 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.