U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 4								
			OMB AP					
[_] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. SEE Instruction 1(b).			JMBER es: Sept ated avera per respo	3235 ember 30, ge burden nse	-0287 1998 . 0.5			
STATEME	NT OF CHANGES IN BENEF	ICIAL OWNER	RSHIP					
Section 17(a) of t	ction 16(a) of the Sec he Public Utility Hold (f) of the Investment	ing Company	/ Act of 1	of 1934, 935 or				
1. Name and Address of R	eporting Person*							
Syal	Madan							
	(First)			 Middl)				
	c/o OSI Systems, 12525 Chadron Ave	nue						
	(Street)							
Hawthorne	Ca.			90250				
(City)	(State)			(Zip)				
2. Issuer Name and Ticke								
	OSI Systems, Inc. (0SIS)						
3. IRS or Social Securit	y Number of Reporting	Person (Vol	luntary)					
4. Statement for Month/Y	ear							
	10/01							
5. If Amendment, Date of								
5. Relationship of Repor (Check all applic	able)] 10% Owne	er					
3. Relationship of Repor (Check all applic [X] Director	able)] 10% Owne		low)				
6. Relationship of Repor (Check all applic [X] Director [_] Officer	able) [_ (give title below) [_] Other (S		low)				
6. Relationship of Repor (Check all applic [X] Director [_] Officer 7. Individual or Joint/G [X] Form filed by One	able) (give title below) [_	Other (S	Specify be	ŕ				
6. Relationship of Repor (Check all applic [X] Director [_] Officer 7. Individual or Joint/G [X] Form filed by One	able) [- (give title below) [roup Filing (Check app Reporting Person	.] Other (S	Specify be	· 		or Beneficially Ow	ıned	
6. Relationship of Repor (Check all applic [X] Director [_] Officer 7. Individual or Joint/G [X] Form filed by One	able) [_ (give title below) [_ roup Filing (Check appreporting Person e than One Reporting F Table 1 Non-Derivation a action a pate (]] Other (Slicable linerson tive Securiorans-ction ode nstr. 8)	Expecify be the second of Dis	ired, Dis	posed of, ired (A) (D)	5. Amount of Securities Beneficially Owned at	6. Ownership Form: Direct (D) or	of Indirect Beneficial Ownership
6. Relationship of Repor (Check all applic) [X] Director [_] Officer 7. Individual or Joint/G [X] Form filed by Mor [_] Form filed by Mor	able) [_ (give title below) [_ roup Filing (Check appreparting Person e than One Reporting F Table 1 Non-Derivation a cation a pate (]] Other (S	Amount	ired, Dis ties Acqu posed of . 3,4 and . (A) or (D)	posed of, ired (A) (D) 5) Price	5. Amount of Securities Beneficially	6. Ownership Form: Direct	of Indirect Beneficial
6. Relationship of Repor (Check all applic) [X] Director [_] Officer 7. Individual or Joint/G [X] Form filed by Mor [_] Form filed by Mor	able) [- (give title below) [roup Filing (Check app. Reporting Person e than One Reporting F Table 1 Non-Deriva 2. Trans- 3. 1 action a bate ((I (Month/ Day/ Coor Year) 9/21/01 S] Other (S	A. Securi or Dis	ired, Dis ties Acqu posed of . 3,4 and(A) or (D)	posed of, ired (A) (D) 5)	5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)

(Print or Type Responses)

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

 Title of Derivative (Instr. 3) 	Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/ Year)	4. Transacation Code (Instr. 8)		 Number of Derivative Securities Acquired (or Disposed (D) of (Instr. 3, 4, and 5) 	Date (Month/Day/ Year)	
				Code	V	(A) (D)	Date Expiratio Exer- Date cisable	
7. Title and Amount of 8. Price of Deri Underlying Securities Security (Instr. 3 and 4) (Instr. 5)		-	9. Number of De Securities B Owned at End (Instr. 4)	seneficially		Ownership Form of Derivative Security: Direct (D) or Indirect (I)	 Nature of Indirect Beneficial Ownership (Instr. 4) 	
Title Amount or Number of Shares						(Instr. 4)		
Explanation of Response	es:							
**Intentional misstatem Violations. See 18 U.S.C. 1001 ar			constitute Fede	ral Crimin	nal			
		/s/ Madan Sy	al	10/05/0)1			

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, See Instruction 6 for procedure.

**Signature of Reporting Person