FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington, D	C:	20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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) Director 10% Owner Officer (give title Other (specify below)						
(Last)	(F HADRON	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/12/2024									er (give title /) BPACELA	BS F	Other (s below) HEALTHO	·	
(Street)	Street) HAWTHORNE CA 90250				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person						
		70230												Form filed by More than One Reporting Person					orting	
(City)	ty) (State) (Zip)					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	l - N	on-Deriva	tive S	Secui	rities	Acc	quirec	l, Dis	sposed of	, or B	enefici	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/					Executification if any	2A. Deemed Execution Date, if any (Month/Day/Year)				s Acquired (A) o f (D) (Instr. 3, 4 a		and 5) Securi Benefi Owned		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 06/12/20					024				S		676	D	\$139.	.5(1) {		3,192		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. Conversion or Exercise Price of Derivative Security	Date	Execu	3A. Deemed Execution Date, If any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec	vative surity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Expiration Exercisable Date		Title	Amount or Number of Shares										

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$139.10 to \$139.70. The price reported above reflects the weighted average sales price. The reporting person hereby undertakes to provide upon request to the Securities and Exchange Commission staff, the issuer or a security holder of the issuer full information regarding the number of shares and price at which the transaction was effected.

/s/ Shalabh Chandra

06/14/2024

** 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.