FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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* 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) X Director 10% Owner | | | | | | | |
|---|--|---------|--|------------|---|---|---|-----|--|------------------------------|-------------------------------------|---------------|-----------------------------------|---|--|-------|---|---|---|--|--|
| | | | | | | | | | | | | | | | _ | | 10% Ow | | | | |
| (Last) (First) (Middle) 12525 CHADRON AVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/08/2021 | | | | | | | | | X Officer (give title below) Other (specify below) President and CEO | | | | | | |
| (Street) | | | | | 4. If . | 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 Form filed by More than One Reporting | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a) 5) | | | r and | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pric | е | Reported Transaction (Instr. 3 a | on(s) | | | (Instr. 4) | | |
| Common Stock | | | | 07/08/2021 | | | | A | | 48,589(1) | A | \$ | 0 | 487,819 | | D | | | | | |
| Common Stock | | | | | | | | | | | | | | | 25,0 | 000 | : | I | The Deepika Chopra Trust | | |
| Common Stock | | | | | | | | | | | | | | | 10,0 | 000 | | I | The Chopra 2012 Irrevocable Trust | | |
| | 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) | Title of 2. 3. Transaction 3A. Deemed Execution Date, (Month/Day/Year) if any | | | | Transa Code | ansaction of Deriv Secu Acqu (A) o Disp of (D) (Inst and | | | Expir | te Exer ation I th/Day | rcisable and 7. Title and Amount of | | | 3. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Owners Form: Direct (I or Indir (I) (Instr | Beneficial Ownership ect (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | | |

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 shared is subject to achievement of performance targets.

/s/ Deepak Chopra

07/09/2021

** 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.