## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.0	C. 20549
-----------------	----------

ĮĮ.	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	ОМВ

	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

## 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

						T									Т.										
1. Name and Address of Reporting Person*  LUSKIN MEYER/						2. Issuer Name <b>and</b> Ticker or Trading Symbol OSI SYSTEMS INC [ OSIS ]									Check a	II app	,								
200111	. , . ,		-													X	Director			10% Owne					
(Last) (First) (Middle) 12525 CHADRON AVE							3. Date of Earliest Transaction (Month/Day/Year) 09/08/2009											fficer (give title elow)		Other (specify below)					
						1 If	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable							
(Street)						`  <b>~</b> ."	AIIIC	marrient,	, Date o	Torigina	i iicu	(WOTHER) DC	ly/ IC	ui)		_ine)	uui o	1 301110 01001	y i iiii ig	g (Check A	ррпсавіс				
. ,	ORNE C	`Δ	O	00250												X	Forn	n filed by One	e Repo	orting Pers	on				
11/1/1/	ORIVE C	J1 <b>L</b>	3	10230												Form filed by More than One Reporting									
(City) (State) (Zip)															Person										
			Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ially O	wne	ed							
Date				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			rities Acquired (A ed Of (D) (Instr. 3,			4 and Sec Ben Owr		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
										Code	v	Amount	Amount (A		Pric			ted action(s) 3 and 4)			(Instr. 4)				
Common Stock 09/08/						3/2009	2009		A		6,500	6,500 <sup>(1)</sup> A		\$	60	10,875		D <sup>(1)</sup>							
Common Stock																31,425			<b>I</b> (2)	See Footnote 2 Below					
	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	ı Da	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/D	е	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3		rivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I) Or Indirect (I) (Insti	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nui of	ount nber ires										

## **Explanation of Responses:**

- 1. Shares are restricted stock issued to the Reporting Person pursuant to the OSI 2006 Equity participation Plan.
- 2. Consists of shares of common stock held by Meyer and Doreen Luskin Family Trust. Also includes 8,400 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 is a director of the issuer. The reporting person disclaims beneficial ownership of their 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.

/s/ Meyer Luskin 09/11/2009

\*\* 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.