FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPROVAL						
	OMB Number: 3235-0104 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

1. Name and Address of Reporting Person*  Cegielski Deborah Lee  2. Date of Event Requiring Statement (Month/Day/Year) 11/05/2018				nent	3. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [ OSIS ]							
(Last) (First) (Middle) 12525 CHADRON AVENUE					Relationship of Reporting Pers (Check all applicable)     Director		son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) HAWTHORNE CA 90250		90250			X	Officer (give title below)  SVP, Chief HR C	Other (specify below) Officer		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
		Т	able I - Nor	-Derivati	ive S	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities are beneficially owned.						0	D					
		(e.ç				urities Beneficially ( options, convertible		s)				
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conv. or Ex		4. Conver or Exer	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
					_					Direct (D)		

Explanation of Responses:

Deborah Lee Cegielski

11/15/2018

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).