

Form 5

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities
Exchange Act of 1934, Section 17(a) of the Public Utility
Holding Company Act of 1935 or Section 30(f) of the
Investment Company Act of 1940

☐ Check box if no longer subject to
Section 16. Form 4 or Form 5 obligations
may continue. See Instruction 1(b).
☐ Form 3 Holdings Reported
☐ Form 4 Transactions Reported

1. Name and Address of Reporting Person*

Luskin Meyer

2. Issuer Name and Ticker or Trading Symbol

OSI Systems, Inc (OSIS)

6. Relationship of Reporting Person(s) to Issuer
(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer (give title below)
☐ Other (specify below)

(Last) (First) (Middle)

C/O OSI Systems, Inc
12525 Chadron Ave

(Street)

Hawthorne, CA 90250

(City) (State) (Zip)

3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Year

6/02

5. If Amendment, Date of Original (Month/Year)

7. Individual or Joint/Group Reporting (Check Applicable Line)
☒ Form Filed by One Reporting Person
☐ Form Filed by More than One Reporting Person

Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at the end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Amount	(A) or (D)	Price			

* If the form is filed by more than one reporting person, see instruction 4(b)(v).

(Print or Type Responses)

(Over)
SEC. 2270 (7-96)

[illegible]

Explanation of Responses:

*Vest over three year period from the date of grant

(Date)

** 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 provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.