FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | len | | | | |
| 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

| 1. Name and Address of Reporting Person* SZE VICTOR S | | | | | | | 2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [OSIS] | | | | | | | | | heck al | tionship of Reportin all applicable) Director | | 10% | Owner | |
|--|---|--|---|------------------------|--------|---|--|---------|-----------------------|--|-----|---|----------|--------------|---|--|---|---|--|------------|--|
| (Last) (First) (Middle) 12525 CHADRON AVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015 | | | | | | | | | | Officer (give title below) General | | Other (specify below) Counsel | | | |
| (Street) HAWTHORNE CA 90250 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | Table | e I - Nor | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or I | Bene | eficia | ally O | wned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Da | | | Code (Instr. | | | | | | 4 and Secu Bene Own | | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | | v | Amount | (A (D |) or) | Price | Ti | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | | 12/31 | /2015 | 5 | | | A | | 201(1) | | A | \$52. | .79 | 144, | ,000 | D | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | y Owr | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date or Exercise (Month/Day/Year) | | 3A. Deeme Execution if any (Month/Da | n Date, Transa Code | | | | | Expiratio (Month/D | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiratio Date Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbo of Title Shares | | ount nber | 8. Price Derivat Securit (Instr. § | ive de y Se b) Be Ov Fo Re Tra | Number of erivative ecurities eneficially wned ollowing eported ansaction(: str. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Acquired pursuant to issuer's Employee Stock Purchase Plan.

<u>/s/ Victor Sze</u> <u>01/05/2016</u>

** Signature of Reporting Person Date

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

- * 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.