Edgar Filing: OSI SYSTEMS INC - Form 4

OSI SYSTEM	MS INC											
Form 4												
January 03, 2												
FORM	4 UNITED	STATES						NGE C	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
if no long subject to	Washington, D.C. 20549 Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES							Expires: January 3 200 Estimated average burden hours per				
Form 5 obligation may contri <i>See</i> Instru 1(b).	Filed pur s Section 17((a) of the P		tility H	old	ing Con	ipany	Act of	e Act of 1934, 71935 or Section 0	response	0.5	
(Print or Type R	Responses)											
SZE VICTOR S Syn			Symbol	2. Issuer Name and Ticker or Trading Symbol OSI SYSTEMS INC [OSIS]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month			(Month/D	Date of Earliest Transaction onth/Day/Year) /30/2016					Director 10% Owner X Officer (give title Other (specify below) below) General Counsel			
			nendment, Date Original Ionth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
HAWTHOR	RNE, CA 90250								Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Nor	1-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8	8)	4. Securi r(A) or Di (Instr. 3, Amount	sposed 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common Stock	12/30/2016			А		214 <u>(1)</u>	. ,	\$ 49.51	174,555	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SZE VICTOR S 12525 CHADRON AVE HAWTHORNE, CA 90250			General Counsel					
Signatures								

01/03/2017

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Acquired pursuant to issuer's Employee Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space 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.