Edgar Filing: OSI SYSTEMS INC - Form 4

| OSI SYSTE | MS INC | | | | | | | | | | |
|--|-----------------------------------|-----------|---|---|-----------|-----------|---|---|--|------------------------|--|
| Form 4 | | | | | | | | | | | |
| March 10, 20 | 006 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMB APPROVAL | | | | |
| | UNITED | STATES | | AITIES A Shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | GES IN BENEFICIAL OWNERSHIP (SECURITIES 6(a) of the Securities Exchange Act of 193 | | | | | Expires: January 31 2009 Estimated average burden hours per response 0.9 | | |
| obligation may cont <i>See</i> Instru 1(b). | ns Section 17(inue. action | a) of the | Public U | | ling Con | npany | y Act of | 1935 or Section | 1 | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| WADHAWAN ANJU Symbol | | | | r Name and Ticker or Trading STEMS INC [OSIS] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (I | Middle) | | Earliest Tr | L | | | (Check | k all applicable | ;) | |
| (Month/D 12525 CHADRON AVE 03/10/20 (Street) 4. If Amer | | | (Month/D | th/Day/Year) | | | | Director 10% Owner Officer (give title Other (specify below) below) Chief Financial Officer | | | |
| | | | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| HAWTHOF | RNE, CA 90250 | | | | | | | Form filed by M Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | any | | | | (A) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 03/09/2006 | | | S | 3,000 | D | \$ 22.57 | 13,250 | D | | |
| Common Stock | 03/10/2006 | | | S | 3,000 | D | \$ 22.1 | 10,250 | 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.

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 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 | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | Date | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | |
|---|------------|---------------|-------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| WADHAWAN ANJU 12525 CHADRON AVE HAWTHORNE, CA 90250 | | | Chief Financial Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Anuj Wadhawan | 03/10/2006 | | | | | | | |

<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).

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.