

OSI SYSTEMS INC  
Form 3  
December 22, 2014

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Ong Chee Cheong Nicholas		(Month/Day/Year)	OSI SYSTEMS INC [OSIS]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		12/12/2014		
12525 CHADRON AVE			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Form filed by One Reporting Person
HAWTHORNE,Â CAÂ 90250			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)	(give title below) (specify below)	
			Pres, Spacelabs Healthcare	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	86,102	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	11/13/2018	Common Stock	8,000	\$ 10.96	D	Â
Employee Stock Option (right to buy)	Â (2)	02/07/2018	Common Stock	14,000	\$ 16.72	D	Â
Employee Stock Option (right to buy)	Â (3)	12/21/2020	Common Stock	2,963	\$ 36.45	D	Â
Employee Stock Option (right to buy)	Â (4)	09/08/2021	Common Stock	16,000	\$ 33.62	D	Â
Employee Stock Option (right to buy)	Â (5)	02/09/2022	Common Stock	4,000	\$ 52.64	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ong Chee Cheong Nicholas 12525 CHADRON AVE HAWTHORNE, CA 90250	Â	Â	Â Pres, Spacelabs Healthcare	Â

## Signatures

/s/ Chee Cheong  
Nicholas Ong

12/19/2014

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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) The Option became exercisable in three equal annual installments beginning on November 14, 2009

(2) The Option became exercisable in three equal annual installments beginning on February 8, 2009

(3) The Option became exercisable in three equal annual installments beginning on December 22, 2011

(4) The Option became exercisable in three equal annual installments beginning on September 9, 2012

(5) The Option became exercisable in three equal annual installments beginning on February 10, 2013

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.