Edgar Filing: Maginnis Malcolm Peter - Form 4

| Maginnis Ma | alcolm Peter | | | | | | | | | | | |
|--------------------------------------|-----------------------------------|---|--------------------------------------|--------------------------------------|------|--|--------------------|---------|--|--|---|--|
| Form 4 | | | | | | | | | | | | |
| July 06, 2018 | 3 | | | | | | | | | | | |
| FORM | 14 | | ~ ~ ~ ~ ~ ~ ~ | | | | | | | | PPROVAL | |
| | UNITE | D STATE | | ITIES A hington | | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long | | | | | | | | | | Expires: | January 31, | |
| subject to | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | | 2005 average | | |
| Section 1 | | SECURITIES | | | | | | | | Estimated average burden hours per | | |
| Form 4 or | r | | | | | | | | response | • | | |
| Form 5 obligation | | | | | | | | - | ge Act of 1934, | | | |
| may cont See Instru 1(b). | inue. Section I | | Public Ut) of the Inv | • | | • | | | f 1935 or Sectio 40 | n | | |
| (Print or Type F | Responses) | | | | | | | | | | | |
| | ddress of Reporti alcolm Peter | ng Person <u>*</u> | 2. Issuer Symbol OSI SYS | Name and | | | | g | 5. Relationship of Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of | Farliest T | 'ran | saction | - | | (Chec | k all applicable | e) | |
| (2005) | (1100) | (initiatio) | (Month/Da | | Tan | isaction | | | Director | 10% | 6 Owner | |
| 12525 CHA | DRON AVEN | IUE | 07/05/20 | • | | | | | X Officer (give below) | | er (specify | |
| | (Street) | | 4. If Amer | dment, D | ate | Original | | | 6. Individual or Jo | oint/Group Filin | ng(Check | |
| | | | | cd(Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person | | | |
| HAWTHOR | RNE, CA 9025 | 0 | | | | | | | Form filed by N Person | Iore than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-l | Der | rivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction 1 (Month/Day/Ye | ear) Execut any | eemed ion Date, if n/Day/Year) | 3. Transact Code (Instr. 8) | tion | 4. Securit Acquired Disposed (Instr. 3, | l (A) c l of (D |) | Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | a . | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| Commor | | | | Code V | | Amount | (D) | Price | | | | |
| Common Stock | 07/05/2018 | | | А | | 3,814 (1) | А | \$0 | 7,494 | 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)

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

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Maginnis Malcolm Peter 12525 CHADRON AVENUE HAWTHORNE, CA 90250 | | | Pres., Rapiscan Systems | | | | |
| Signatures | | | | | | | |
| | | | | | | | |

| /s/ Malcom | |
|------------|------------|
| Maginnis | 07/06/2018 |
| | |

<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).
- Shares are restricted stock units issued to the Reporting Person pursuant to the OSI Systems, Inc. 2012 Incentive award Plan. Vesting and (1) amount of shares is subject to achievement of performance targets.

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.