FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Jacobson Tryg C | | | | | | 2. Issuer Name and Ticker or Trading Symbol ORION ENERGY SYSTEMS, INC. [OESX] | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | g Person(s) to Issi 10% Ow Other (s | | vner |
|---|---|--|----------------------------|------------|---------------------------------|---|---------|--------------|--------------------------------------|---|--|---|--------------------------------------|--|---|---|--|--|--|
| (Last) 529 ONT | F ΓARIO AVI | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2011 | | | | | | | | | below) | | below) | | |
| (Street) SHEBO | | tate) | 53081 (Zip) | | - | | | | e of Original Filed (Month/Day/Year) | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deri | vativ | e Se | curiti | es Ac | quired, | Dis | posed c | of, or Be | neficia | ally | Owned | | | | |
| Date | | | 2. Trans Date (Month | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (Instr. | | | I. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 S) | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) c | Price | , | Transact (Instr. 3 a | ion(s) | | | (IIIStr. 4) |
| Common Stock 11 | | | 11/0 | 7/201 | /2011 | | A | | 3,637 | 7 A | \$0 | (1) 9,3 | | 343 | | D | | | |
| | | 7 | Гable II - | | | | | | | | | , or Ben ble sec | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ate Execution I | Date, | Date, Transactio Code (Insti | | n of Ex | | Expiration | . Date Exercisable and xpiration Date Month/Day/Year) | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | Amoun or Numbe of Shares | r | | | | | |
| Stock Options (right to | \$3.12 | | | | | | | | 08/09/2012 | (2) 0 | 8/09/2021 | Common Stock | 22,04 | 5 | | 22,045 | 5 | D | |

Explanation of Responses:

- 1. Shares granted in lieu of cash for quarterly retainer and annual Committee Chairman fees pursuant to Issuer's 2004 Stock and Incentive Awards Plan.
- 2. Grant to reporting person of option to buy shares under the 2004 Stock and Incentive Awards Plan. This option, granted August 9, 2011, vests and becomes exercisable in three equal installments on August 9, 2012, 2013 and 2014, respectively.

Remarks:

/s/ Steven R. Barth, Attorneyin-Fact

11/09/2011

** Signature of Reporting Person

Date

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

- * 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.