FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| haura nar raananaa | 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* Green Scott A. | | | | | ORION ENERGY SYSTEMS, INC. [OESX] | | | | | | | | | | k all app Dired Offic | olicable) ctor er (give title | Other | Owner (specify |
|---|--|------|------------------------------|-----------|--|---|--------|------|--|---|------------------------|---|--|---|---|--|------------------------------------|-------------------|
| (Last) (First) (Middle) 2210 WOODLAND DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2018 | | | | | | | | | belo | , | below rating Officer | /) |
| (Street) MANITOWOC WI 54220 (City) (State) (Zip) | | | | - 4. II | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - N | lon-Deriv | /ative | Sec | uritie | s Ac | quire | ed, D | isposed o | f, or B | enefic | ially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N | | | | | Execution Date, | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Following Reported | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | ction(s) 3 and 4) | | (Instr. 4) |
| Common S | Stock | | | 03/02/2 | 017 | 17 | | P | | 50,000 | A | \$0.90 |)21 ⁽¹⁾ | 1 ⁽¹⁾ 375,157 | | D | | |
| Common Stock | | | | | | | | | | | | | | 16 | 53,743 | I | By ANKMC, LLC ⁽²⁾ | |
| Common Stock | | | | | | | | | | | | | | 12 | 25,270 | I | By 401(k) Plan | |
| | | Та | ble II | | | | | | | | oosed of, convertib | | | | wned | | | |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | (Instr. | n of Expirat | | | | Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. The price in Column 4 is a weighted average price. The prices actually paid ranged from \$0.87 to \$0.96. The reporting person has provided to the issuer, and will provide to any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares purchased at each price within the range for all transactions reported in this Form 4 utilizing a weighted average price.
- 2. Shares owned by ANKMC, LLC, of which the reporting person is the sole member.

/s/ Steven R. Barth, Attorneyin-Fact for Scott A. Green

03/06/2018

** 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.