

**FORM 4****UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

<b>1. Name and Address of Reporting Person *</b> <u>McHale Richard</u>  (Last) (First) (Middle) <u>RESMED INC.</u> <u>9001 SPECTRUM BLVD</u>  (Street) <u>SAN DIEGO CA 92123</u>  (City) (State) (Zip)	<b>2. Issuer Name and Ticker or Trading Symbol</b> <u>RESMED INC [ RMD ]</u>	<b>5. Relationship of Reporting Person(s) to Issuer</b> (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) <u>President, RC Business</u>
	<b>3. Date of Earliest Transaction (Month/Day/Year)</b> <u>04/01/2019</u>	
	<b>4. If Amendment, Date of Original Filed (Month/Day/Year)</b>	

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
ResMed Common Stock	04/01/2019		M <sup>(1)</sup>		244	A	\$58.24	23,648	D	
ResMed Common Stock	04/01/2019		S <sup>(1)</sup>		244	D	\$105.05	23,404	D	
ResMed Common Stock	04/01/2019		M <sup>(1)</sup>		1,079	A	\$58.24	24,483	D	
ResMed Common Stock	04/01/2019		S <sup>(1)</sup>		1,079	D	\$105.05	23,404	D	
ResMed Common Stock	04/02/2019		M <sup>(1)</sup>		4,907	A	\$58.24	28,311	D	
ResMed Common Stock	04/02/2019		S <sup>(1)</sup>		4,907	D	\$105	23,404	D	
ResMed Common Stock	04/02/2019		M <sup>(1)</sup>		21,616	A	\$58.24	45,020	D	
ResMed Common Stock	04/02/2019		S <sup>(1)</sup>		21,616	D	\$105	23,404	D	

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Resmed Stock Option Plan	\$58.24	04/01/2019		M <sup>(1)</sup>			244	11/11/2016 <sup>(2)</sup>	11/19/2022	ResMed Common Stock	244	\$0	4,907	D	
Resmed Stock Option Plan	\$58.24	04/01/2019		M <sup>(1)</sup>			1,079	11/11/2016 <sup>(2)</sup>	11/19/2022	ResMed Common Stock	1,079	\$0	21,616	D	
Resmed Stock Option Plan	\$58.24	04/02/2019		M <sup>(1)</sup>			4,907	11/11/2016 <sup>(2)</sup>	11/19/2022	ResMed Common Stock	4,907	\$0	0	D	
Resmed Stock Option Plan	\$58.24	04/02/2019		M <sup>(1)</sup>			21,616	11/11/2016 <sup>(2)</sup>	11/19/2022	ResMed Common Stock	21,616	\$0	0	D	

**Explanation of Responses:**

1. The transaction was conducted under a Rule 10b5-1 plan.  
 2. Represents date options first became exercisable. Options vest 1/3 per year.

Richard McHale, President  
Respiratory Care Business

04/03/2019

\*\* 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.**