FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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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

1. Name and Address of Reporting Person * PENDARVIS DAVID			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]		ationship of Reporting Person(s all applicable)		s) to Issuer	
(Last) (First) (Middle) RESMED INC.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/11/2019	X		Officer (give title elow)  Chief Administrative	Other (specify below) Officer	
9001 SPECTRUM CENTER BLVD.  (Street) SAN DIEGO CA 92123		92123	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				
(City)	(State)	(Zip)						

#### 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)	Code (Ir	Transaction Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or		Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	11/11/2019		M		1,731	A	\$57.76	119,440(1)	D	
ResMed Common Stock	11/11/2019		F <sup>(2)</sup>		860	D	\$143.88	118,580	D	
ResMed Common Stock	11/11/2019		F <sup>(3)</sup>		727	D	\$143.88	117,853	D	
ResMed Common Stock	11/11/2019		F <sup>(4)</sup>		1,199	D	\$143.88	116,654	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)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (In	ransaction Derivative Securities		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)	Reported	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		Transaction(s) (Instr. 4)		
ResMed Common Stock Options	\$57.76	11/11/2019		M			1,731	11/11/2017 <sup>(5)</sup>	11/16/2023	ResMed Commmon Stock	1,731	\$0	35,513	D	

#### **Explanation of Responses**

- 1. Includes 117.569 shares of ResMed stock purchased on October 31, 2019, through the ResMed Employee Stock Purchase Plan.
- 2. Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/16/2017.
- $3.\ Disposition\ to\ issuer\ for\ tax\ withholding\ on\ vesting\ of\ performance-based\ Restricted\ Stock\ Units\ granted\ on\ 11/14/2018.$
- 4. Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/16/2016.
- 5. Represents date options first became exercisable. Options vest 1/3 per year.

<u>David Pendarvis, Chief</u> <u>Administrative Officer</u> <u>11/13/2019</u>

\*\* 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.