FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| 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

| 1. Name and Address of Reporting Person * Hollingshead James (Last) (First) (Middle) RESMED INC. | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | ionship of Reporting Person(s) all applicable) Director | (s) to Issuer | |
|--|---------|----------|--|---|---|-----------------------|--|
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2019 | X | Officer (give title below) President, Sleep Bu | Other (specify below) | |
| 9001 SPECTRUM CENTER BLVD. (Street) | | | 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 | | | |
| SAN DIEGO | CA | 92123 | | | Tom med by More than One | o responding to drawn | |
| (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) | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|---------------------------------|---|---|---------------|-------------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| ResMed Common Stock | 11/15/2019 | | M | | 1,717 | A | \$58.24 | 82,349 | D | |
| ResMed Common Stock | 11/15/2019 | | M | | 20,038 | A | \$58.24 | 102,387 | D | |
| ResMed Common Stock | 11/15/2019 | | S | | 20,038 | D | \$146.35(1) | 82,349 | 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. Transac Code (In 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following 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 | \$58.24 | 11/15/2019 | | М | | | 1,717 | 11/11/2016 ⁽²⁾ | 11/19/2022 | ResMed Commmon Stock | 1,717 | \$0 | 20,838 | D | |
| ResMed Common Stock Options | \$58.24 | 11/15/2019 | | М | | | 20,038 | 11/11/2016 ⁽²⁾ | 11/19/2022 | ResMed Commmon Stock | 20,038 | \$0 | 800 | D | |

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$146.07 to 146.80. The price reported above reflects the weighted average sale price.
- 2. Represents date options first became exercisable. Options vest 1/3 per year.

James R. Hollingshead, President Sleep Business

11/18/2019

** 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.