FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

$\sim$	AP	ᇚ	A١	/ N I

l	OMB Number:	3235-0287
l	Estimated average burden	
l	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

Name and Address of Reporting Person *     Gill Harjit			2. Issuer Name <b>and</b> Ticker or Trading Symbol RESMED INC [ RMD ]		ionship of Reporting Person(s) all applicable) Director	(s) to Issuer	
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2019		Officer (give title below)	Other (specify below)	
RESMED INC. 9001 SPECTRUM BLVD			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicab     X Form filed by One Reporting Person     Form filed by More than One Reporting			
(Street) SAN DIEGO X1 92123		92123					
(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)			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	11/21/2019		A <sup>(1)</sup>		1,727	A	\$0	4,260	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	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		5. Num Derivat Securit Acquire or Disp (D) (Ins and 5)	ive ies ed (A) osed of	6. Date Exerc Expiration Day/\(\text{Month/Day/\}\)	ate	7. Title and A Securities Un Derivative Se (Instr. 3 and	nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

## Explanation of Responses:

 $1. Shares awarded \ represent \ Restricted \ Stock \ Units. \ The \ RSUs \ cliff \ vest \ on the \ earlier \ of \ 11/11/2020, or the \ annual \ shareholder's \ meeting \ in \ the \ year \ following \ the \ grant \ date.$ 

Harjit Gill, director

11/25/2019

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).