FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB Number: | 3235-0287 |
|--------------------------|-----------|
| Estimated average burden | ı |
| 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* Sodhi Rajwant | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---------|-------|---|-----------|---|-----------------------|--|--|--|
| (Last) (First) (Middle) 9001 SPECTRUM CENTER BLVD. | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020 | X | Officer (give title below) President, SaaS Bu | Other (specify below) | | | |
| C/O RESMED IN (Street) SAN DIEGO | C. | 92123 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than One | Person | | | |
| (City) | (State) | (Zip) | | | | | | | |

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

| 1. Title of Security (Instr. 3) | Date Execu (Month/Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr | | 1,1111111111111111111111111111111111111 | | | Securities Beneficially Owned Following Reported | (Instr. 4) | Beneficial Ownership |
|---------------------------------|---------------------------------------|--|--|---|---|---------------|----------|--|------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| ResMed Common Stock | 10/01/2020 | | S ⁽¹⁾ | | 1,500 | D | \$172.84 | 32,589 | 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. The transaction was conducted under a Rule 10b5-1 plan.

Raj Sodhi, President Saas

Business

10/02/2020

** 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.