FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB | APF | PRO | VA |
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| l | OMB Number: | 3235-0287 |
|---|--------------------------|-----------|
| l | Estimated average burden | |
| l | hours per response. | 0.5 |

| Check this box if no longer subject to |
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| 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 | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | ionship of Reporting Person(s all applicable) Director | o Issuer | |
|--|------------|----------|--|-----------|--|-----------------------|--|
| (Last) (First) (Middle) RESMED INC. | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2020 | X | Officer (give title below) President, Sleep Bu | Other (specify below) | |
| 9001 SPECTRUM CENTER BLVD. (Street) | | 92123 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | eck Applicable Line) g Person e Reporting Person | | |
| (City) | CA (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) | Transaction Code (Instr. | | 4. Securities Ad Disposed Of (D | | 4 and 5) | 5. Amount of 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 | 11/17/2020 | | A ⁽¹⁾ | | 26,246 | A | \$214.74 | 108,680 | D | |
| ResMed Common Stock | 11/17/2020 | | F ⁽²⁾ | | 15,547 | D | \$214.74 | 93,133 | 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) | Code (Ir | ransaction Derivative Securities | | Expiration Da (Month/Day/\) | 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) | derivative Securities Beneficially Owned | Ownership Form: Direct (D) | 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. Represents performance-based restricted stock units granted on November 16, 2017. The shares were earned on November 17, 2020, when the compensation committee certified that the performance metrics were met.
- 2. Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/16/2017.

James R. Hollingshead, President Sleep Business 11/17/2020

** 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.