FORM 4

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

Washington, D.C. 20549

ı	OMB Number:	3235-0287
ı	Estimated average burden	
ı	hours per response:	0.5

ı	Check this box if no longer subject to
l	Section 16. Form 4 or Form 5 obligations
I	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 Hollingshead J			2. Issuer Name <b>and</b> Ticker or Trading Symbol  RESMED INC [ RMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/21/2021	X	Officer (give title below)	10% Owner Other (specify below)			
RESMED INC.			President, Sleep Business						
9001 SPECTRUM  (Street)	I CENTER BLVD.		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			, , , , , , , , , , , , , , , , , , , ,				
(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. Transaction Code (Instr. 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	05/21/2021		S <sup>(1)</sup>		2,400	D	\$202.01	80,738(2)	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)	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	9. Number of derivative Securities Beneficially Owned Following Reported	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. The transaction was conducted under a Rule 10b5-1 plan.
- $2.\ Includes\ 92.27\ shares\ of\ ResMed\ stock\ purchased\ on\ April\ 30,\ 2021,\ through\ the\ ResMed\ Employee\ Stock\ Purchase\ Plan.$

<u>James R. Hollingshead, President</u> <u>Sleep Business</u>

05/21/2021

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.