FORM 4

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

Washington, D.C. 20549

	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 Ghoshal Kaus	of Reporting Person *		2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]		ionship of Reporting all applicable) Director	Person(s)	to Issuer
(Last) RESMED INC.	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/16/2021	nsaction (Month/Day/Year)  X Officer (give title below)  President, SaaS E	SaaS Bus	Other (specify below)	
9001 SPECTRUM CENTER BLVD.  (Street) SAN DIEGO CA 92123			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group F Form filed by One Form filed by More	Reporting	,
(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)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Execution Date, Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code V An		Amount	(A) or (D)	Price	(Instr. 3 and 4)		(instr. 4)
ResMed Common Stock	11/16/2021		A <sup>(1)</sup>		9,162	A	\$254.81	15,586	D	
ResMed Common Stock	11/17/2021		F <sup>(2)</sup>		5,112	D	\$254.81	10,474	D	
ResMed Common Stock	11/18/2021		A <sup>(3)</sup>		697	A	\$0	11,171	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	Date	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 Da (Month/Day/Y	ate	7. Title and A Securities Un Derivative Se (Instr. 3 and	nderlying ecurity	8. Price of Derivative Security (Instr. 5)	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)		

#### **Explanation of Responses:**

- 1. Represents performance-based restricted stock units granted on November 14, 2018. The shares were earned on November 16, 2021, 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 11/14/2018.
- 3. Represents performance-based restricted stock units granted on November 19, 2020. The shares were earned on November 18, 2021, when the compensation committee certified that the performance metrics were met for this portion of the grant. The earned units remain subject to time-vesting requirements, and are scheduled to vest on the three-year anniversary of the grant, assuming continued service through the vesting date.

Kaushik Ghoshal, President SaaS
Business

\*\* 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.