FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVA | ı |
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| OMB Number: | 3235-0287 |
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| 1 | Check this box if no longer subject to |
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| l | Section 16. Form 4 or Form 5 obligations |
| ı | 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* Douglas Robert Andrew | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---------|-------|---|--|---|--|--|--|--|
| (Last) (First) (Middle) RESMED INC., 9001 SPECTRUM CENTER BLVD. | | ` , | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2022 | X | Officer (give title below) President a | Other (specify below) | | | |
| 9001 SPECTRUM CENTER BLVD. 9001 SPECTRUM CENTER BLVD. (Street) SAN DIEGO CA 92123 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | Form filed by One Rep | g (Check Applicable Line) porting Person an One Reporting Person | | | |
| (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. Transac Code (Ir 8) | | 4. Securities A Disposed Of (D | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---------------------------------|---|-----------------------------------|---------------|----------|--|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| ResMed Common Stock | 03/15/2022 | | M ⁽¹⁾ | | 8,000 | A | \$58.24 | 25,175 | D | |
| ResMed Common Stock | 03/15/2022 | | S ⁽¹⁾ | | 8,000 | D | \$238.07 | 17,175 | D | |
| ResMed Common Stock | | | | | | | | 234,995 | I | Douglas Family Trust |

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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (In 8) | | Deriva Secur Acqui or Dis | ities red (A) posed (Instr. 3, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | nd 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 | 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) | | |
| ResMed Common Stock Options | \$58.24 | 03/15/2022 | | M ⁽¹⁾ | | | 8,000 | 11/11/2016 ⁽²⁾ | 11/19/2022 | ResMed Common Stock | 8,000 | \$0 | 62,098 | D | |

Explanation of Responses:

- 1. The transaction was conducted under a Rule 10b5-1 plan.
- 2. Represents date options first became exercisable. Options vest 1/3 per year.

Robert Douglas, President and Chief Operating Officer, ResMed 03/16/2022 Inc.

** 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.