

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
 Estimated average burden  
 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

1. Name and Address of Reporting Person * <u>Sandercock Brett</u>  (Last) (First) (Middle) <u>RESMED INC.</u> <u>9001 SPECTRUM CENTER BLVD.</u>  (Street) <u>SAN DIEGO CA 92123</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC [ RMD ]</u>  3. Date of Earliest Transaction (Month/Day/Year) <u>07/22/2022</u>  4. If Amendment, Date of Original Filed (Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) <u>Chief Financial Officer</u>  6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
---	---	---

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)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
ResMed Common Stock	07/22/2022		M <sup>(1)</sup>		2,500	A	\$57.76	108,926	D	
ResMed Common Stock	07/22/2022		M <sup>(1)</sup>		2,500	A	\$57.76	111,426	D	
ResMed Common Stock	07/22/2022		M <sup>(1)</sup>		2,500	A	\$57.76	113,926	D	
ResMed Common Stock	07/22/2022		S <sup>(1)</sup>		7,500	D	\$235	106,426 <sup>(2)</sup>	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 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 Transaction(s) (Instr. 4)	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				
ResMed Common Stock Options	\$57.76	07/22/2022		M			2,500	11/11/2017 <sup>(3)</sup>	11/16/2023	ResMed Common Stock	2,500	\$0	7,500	D	
ResMed Common Stock Options	\$57.76	07/22/2022		M			2,500	11/11/2017 <sup>(3)</sup>	11/16/2023	ResMed Common Stock	2,500	\$0	5,000	D	
ResMed Common Stock Options	\$57.76	07/22/2022		M			2,500	11/11/2017 <sup>(3)</sup>	11/16/2023	ResMed Common Stock	2,500	\$0	2,500	D	

## Explanation of Responses:

1. The transaction was conducted under a Rule 10b5-1 plan.  
 2. Includes 71,359 shares of ResMed stock purchased on April 29, 2022, through the ResMed Employee Stock Purchase Plan.  
 3. Represents date options first became exercisable. Options vest 1/3 per year.

Brett Sandercock, Chief Financial Officer 07/25/2022

\*\* 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.