FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

O	MB	AP	PR	O\	/AI

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

Name and Address of Reporting Person* Douglas Robert Andrew			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		tionship of Reporting Pers all applicable)	son(s) to Issuer
(Last) (First) (Middle) RESMED INC., 9001 SPECTRUM CENTER BLVD.		` ,	3. Date of Earliest Transaction (Month/Day/Year) 09/15/2022	X	Officer (give title below) President as	Other (specify below)
0001 CDECTRUM CENTED DI VID			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applica X Form filed by One Reporting Person Form filed by More than One Reporting		
SAN DIEGO (City)	CA (State)	92123 (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 (I 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 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	09/15/2022		M ⁽¹⁾		1,145	A	\$58.24	22,709	D	
ResMed Common Stock	09/15/2022		M ⁽¹⁾		16,888	A	\$58.24	39,597	D	
ResMed Common Stock	09/15/2022		S ⁽¹⁾		11,189	D	\$232.5126(2)	28,408	D	
ResMed Common Stock	09/15/2022		S ⁽¹⁾		6,000	D	\$232.38(2)	228,995	I	Douglas Family Trust
ResMed Common Stock	09/15/2022		G ⁽³⁾	v	1,287	D	\$0	227,708	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. Transact Code (In 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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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	09/15/2022		M			1,145	11/11/2016 ⁽⁴⁾	11/19/2022	ResMed Common Stock	1,145	\$0	52,953	D	
ResMed Common Stock Options	\$58.24	09/15/2022		М			16,888	11/11/2016 ⁽⁴⁾	11/19/2022	ResMed Common Stock	16,888	\$0	36,065	D	

Explanation of Responses:

- 1. The transaction was conducted under a Rule 10b5-1 plan.
- 2. This transaction was executed in multiple trades at prices ranging from \$232.45 to \$232.91. The price reported above reflects the weighted average sale price.
- 3. Gift of shares to Fidelity Charitable, a donor advised fund. Mr. Douglas has no beneficial interest, control or dispositive power over the gifted shares.
- 4. Represents date options first became exercisable. Options vest 1/3 per year.

Robert Douglas, President and Chief Operating Officer, ResMed 09/16/2022 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.