FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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| OMB Number:              | 3235-0287 |
|--------------------------|-----------|
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| 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

|   |         |          | 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) 11/18/2022            | X   | Director Officer (give title below)  | 10% Owner<br>Other (specify<br>below) |  |  |  |
| RESMED INC. 9001 SPECTRUM CENTER BLVD. (Street) |         |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)               | 6. Indivi   | dual or Joint/Group Filing (Chec<br>Form filed by One Reporting<br>Form filed by More than One | 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<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Code (Ir         | Transaction Dispo |        | equired (A<br>) (Instr. 3, |       | Securities<br>Beneficially Owned<br>Following Reported | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | Beneficial<br>Ownership |
|---------------------------------|--|---|------------------|-------------------|--------|----------------------------|-------|--|---|-------------------------|
|                                 |  |   | Code             | v                 | Amount | (A) or<br>(D)              | Price | Transaction(s)<br>(Instr. 3 and 4)                     |   | (Instr. 4)              |
| ResMed Common Stock             | 11/16/2022                                 |   | A <sup>(1)</sup> |                   | 1,122  | A                          | \$0   | 14,945   | D   |                         |

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | <br>3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Code (In | ransaction Derivative ode (Instr. Securities |     | 6. Date Exerc<br>Expiration Da<br>(Month/Day/\) | ate                 | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 3 and 4) |       | Derivative<br>Security<br>(Instr. 5) | derivative<br>Securities<br>Beneficially | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|--|--|---|----------|--|-----|---|---------------------|--|-------|--------------------------------------|--|--|--|--|
|  |  |   | Code     | v  | (A) | (D)   | Date<br>Exercisable | Expiration<br>Date   | Title | Amount<br>or<br>Number<br>of Shares  |  | Transaction(s)<br>(Instr. 4)   |  |  |

## Explanation of Responses:

1. Shares awarded are restricted stock units. The RSUs vest on the earlier of November 11, 2023, or the annual shareholders meeting in the year following the grant date.

Richard Sulpizio, director 11/18/2022

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).