SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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 [*] Douglas Robert Andrew | | | 2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [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) 11/23/2022 | X | Director Officer (give title below) President and C | Other (specify below) | | | |
| 9001 SPECTRUM CENTER BLVD. (Street) SAN DIEGO CA 92123 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than 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) | Code (Ir | A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) ode (Instr. | | 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 | 11/23/2022 | | A ⁽¹⁾ | | 32,795 | Α | \$ <u>0</u> | 72,981 | D | |
| ResMed Common Stock | 11/23/2022 | | F ⁽²⁾ | | 19,425 | D | \$224.4 | 53,556 | D | |
| ResMed Common Stock | | | | | | | | 227,708 | Ι | 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 | e (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | Derivative | | 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) | | |

Explanation of Responses:

1. Represents performance-based restricted stock units granted on November 21, 2019. The shares were earned on November 23, 2022, 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 11/21/2019.

> Robert Douglas, President and Chief Operating Officer, ResMed 11/23/2022 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.

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