FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| 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 * PENDARVIS DAVID | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | ionship of Reporting Person(s) all applicable) Director |) to Issuer | |
|---|---------|----------|--|--|---|-------------------------------|--|
| (Last) RESMED INC. | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023 | | Officer (give title below) Chief Administrative | Other (specify below) Officer | |
| 9001 SPECTRUM CENTER BLVD. (Street) SAN DIEGO CA 92123 | | 92123 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 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) (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 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 | 01/03/2023 | | S ⁽¹⁾ | | 1,500 | D | \$210.07 | 97,172 | D | | |

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

| | | Conversion or Exercise Price of Derivative | 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) | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially | Ownership Form: Direct (D) | 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) | |

Explanation of Responses:

1. The transaction was conducted under a Rule 10b5-1 plan.

David Pendarvis, Chief Administrative Officer

01/04/2023

** 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.