## 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 APPROVAL
OMB Number: 3235-0287
Estimated average burden

Estimated average burden hours per response: 0.5

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 * Farrell Michael J.			2. Issuer Name <b>and</b> Ticker or Trading Symbol           RESMED INC         [ RMD ]           Image: state st	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) RESMED INC.	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/17/2023	x	Director Officer (give title below) Chief Execu	10% Owner Other (specify below)		
9001 SPECTRUM CENTER BLVD (Street) SAN DIEGO CA 92123			4. If Amendment, Date of Original Filed (Month/Day/Year)	ng (Check Applicable Line) eporting Person han One Reporting Person				
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication       X       Check this box to indicate that a transaction was made pursuant to a contribution of Rule 10b5-1(c). See Instruction 10.	act, instru	ction or written plan that is	intended to satisfy the		

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)					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	04/17/2023		<b>M</b> <sup>(1)</sup>		5,675	Α	\$57.76	442,575	D	
ResMed Common Stock	04/17/2023		<b>S</b> <sup>(1)</sup>		5,675	D	\$224.2337 <sup>(2)</sup>	436,900	D	
ResMed Common Stock								4,090	I	Lisette and Michael Farrell Family Trust

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

7. Title and Amount of 1. Title of 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 8. Price of 9. Number of 11. Nature 2. 10. Derivative Conversion Execution Date, Transaction Derivative Expiration Date Securities Underlying Derivative derivative Ownership of Indirect Date or Exercise Price of Derivative Security (Instr. (Month/Dav/Year) if any Code (Instr. Securities (Month/Day/Year) Derivative Security (Instr. Security Securities Form: Beneficial 3) (Month/Day/Year) (Instr. 5) Beneficially Direct (D) 8) Acquired (A) 3 and 4) Ownership or Disposed Owned or Indirect (Instr. 4) of (D) (Instr. 3, Following (I) (Instr. 4) Security 4 and 5) Reported Transaction(s) Amount (Instr. 4) or Number Date Expiration Code v (A) (D) Exercisable Date Title of Shares ResMed ResMed **M**<sup>(1)</sup> \$57.76 04/17/2023 11/11/2017(3) 11/16/2023 5,675 \$<mark>0</mark> 43,190 D Common Stock 5,675 Common Options Stock

Explanation of Responses:

1. The transaction was conducted under a Rule 10b5-1 plan adopted November 8, 2021.

2. This transaction was executed in multiple trades at prices ranging from \$222.99 - \$225.525. The price reported above reflects the weighted average sale price.

3. Represents date options first became exercisable. Options vest 1/3 per year.

Michael J. Farrell, Chief Executive Officer \*\* Signature of Reporting Person

04/18/2023

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.