FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OI	MВ	AP	PR	O	/Α

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

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

affirmative defens 10b5-1(c). See In:	se conditions of Rule struction 10.					
1. Name and Address BLAISE LUC	ss of Reporting Person	*	2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		tionship of Reporting Pers all applicable) Director	on(s) to Issuer
(Last) 9001 SPECTRU	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/17/2023	X	Officer (give title below) President, Sleep &	Other (specify below)
SAN DIEGO CA	A		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing Form filed by One Rep	` ''
(Street)					Form filed by More than	n One Reporting Person
SAN DIEGO		92123	_			
(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)	Transaction Code (Instr.		4. Securities Ad Disposed Of (D			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	08/17/2023		A ⁽¹⁾		819	A	\$0	7,441	D	
ResMed Common Stock	08/17/2023		A ⁽²⁾		3,294	A	\$0	10,735	D	

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

Security (Instr. 3) or Exerciprice of Derivati	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise Price of Derivative	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)		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	Ownership Form: Direct (D)	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 16, 2022. The shares were earned on August 17, 2023, when the compensation committee certified that the performance metrics were met. Stock units vest 1/3 each year on the anniversary of the grant.
- 2. Represents performance-based restricted stock units granted on July 1, 2022. The shares were earned on August 17, 2023, when the compensation committee certified that the performance metrics were met. Stock units vest 1/3 each year on the anniversary of the grant.

Lucile Blaise, President, Sleep &

08/17/2023

Respiratory Care

** 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.