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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

OMB APPROVAL

1	Check this box if no longer subject to
L	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations
1	may continue. See Instruction 1(b).

purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for 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

Rider Michael J RESMED INC [RMD] Director 10% Owner (Last) (First) (Middle) 9001 SPECTRUM CENTER BLVD A. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (Street) X Form filed by One Reporting Person			Table I - Non-	Derivative Securities Acquired, Disposed of, or Bene	eficially Owned
Rider Michael J RESMED INC [RMD] Director 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner 9001 SPECTRUM CENTER BLVD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (Street) X Form filed by One Reporting Person	(City)	(State)	(Zip)		
Rider Michael J RESMED INC [RMD] Check all applicable) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner 11/01/2023 11/01/2023 Officer (give title below)	,	СА	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
Rider Michael J RESMED INC [RMD] (Check all applicable) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X Officer (give title Other (specify	9001 SPECTRU	M CENTER BI	LVD		Global General Counsel
Rider Michael I RESMED INC [RMD] (Check all applicable)	(Last)	(First)	(Middle)		V Officer (give title Other (specify
			rson [*]	2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD]	

1. Title of Security (Instr. 3) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature of 2. Transaction 2A. Deemed 5. Amount of 6. Ownership Date Transaction Form: Direct (D) Execution Date. Securities Indirect (Month/Day/Year) if any Code (Instr. Beneficially Owned or Indirect (I) Beneficial Following Reported Transaction(s) (Month/Dav/Year) 8) (Instr. 4) Ownership (Instr. 4) (A) or (Instr. 3 and 4) Code v Amount Price D) ResMed Common Stock 11/01/2023 **S**⁽¹⁾ 25 D \$143.42 7,358 D

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		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)		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. The transaction was conducted under a Rule 10b5-1 plan adopted February 24, 2023.

Michael J. Rider

** Signature of Reporting Person

<u>11/02/2023</u> 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.