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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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1	Check this box if no longer subject to
L	Section 16. Form 4 or Form 5 obligations
1	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 affirmative defense conditions of Rule

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

10b5-1(c). See Ins	struction 10.					
1. Name and Addres <u>Rider Michae</u>	s of Reporting Person [*] 1 J	2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD]			ationship of Reporting Pers all applicable) Director	on(s) to Issuer 10% Owner
(Last) 9001 SPECTRU	(First) M CENTER BLVD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/13/2023	x	Officer (give title below) Global Genera	Other (specify below)
(Street) SAN DIEGO (City)	CA (State)	92123 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv X	vidual or Joint/Group Filing Form filed by One Rep Form filed by More tha	, , ,
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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 (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	 Transaction(s) (Instr. 3 and 4) 		(Instr. 4)
ResMed Common Stock	11/13/2023		F ⁽¹⁾		91.637	D	\$143.6	7,308	D	
ResMed Common Stock	11/13/2023		F ⁽²⁾		117.573	D	\$143.6	7,190	D	
ResMed Common Stock	11/13/2023		F ⁽³⁾		136.592	D	\$143.6	7,054	D	
ResMed Common Stock	11/13/2023		F ⁽⁴⁾		93.367	D	\$143.6	6,960(5)	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	3. Transaction Date (Month/Day/Year)	Execution Date,	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:

 $1. \ Disposition \ to \ issuer \ for \ tax \ withholding \ on \ vesting \ of \ Restricted \ Stock \ Units \ granted \ on \ 11/18/2021.$

 $\ \ 2. \ Disposition \ to \ \ issuer \ for \ tax \ withholding \ on \ vesting \ of \ Restricted \ Stock \ Units \ granted \ on \ \ 11/16/2022.$

3. Disposition to issuer for tax withholding on vesting of Restricted Stock Units granted on 11/21/2019.

 $\label{eq:constraint} \text{4. Disposition to issuer for tax withholding on vesting of Restricted Stock Units granted on 11/19/2020. }$

5. Includes 41.402 shares of ResMed stock purchased on October 31, 2023, through the ResMed Employee Stock Purchase Plan.

Michael J. Rider ** Signature of Reporting Person <u>11/15/2023</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.