FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

$\bigcirc$	ΛD	AΡ	DD	$\sim$	/ A I
( )1	ЛΚ	AΡ	РΚ	( ) \	/AI

OMB Number:	3235-0287
Estimated average burder	1
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 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 Instri	uction 10.							
Name and Address of Reporting Person      Hernandez John			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/16/2023		Officer (give title below)	Other (specify below)		
9001 SPECTRUM CENTER BLVD.			4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person					
(Street)					Form filed by More than One	e Reporting Person		
SAN DIEGO	CA	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)	Execution Date,		tion str.	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)	Beneficial Ownership
			Code	v	Amount	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	11/16/2023		A		884(1)	A	\$0	2,962	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivative		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	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)		
ResMed Common Stock Options	\$148.9	11/16/2023		A		2,575		11/11/2024 <sup>(2)</sup>	11/16/2030	ResMed Common Stock	2,575	\$148.9	2,575	D	

#### **Explanation of Responses**

- 1. Shares awarded represent Restricted Stock Units. The RSUs cliff vest on the earlier of 11/11/2024, or the annual shareholder's meeting in the year following the grant date.
- 2. Represents date options first became exercisable. Options vest on the earlier of (i) the first November 11 following the Grant Date, or (ii) the date of the first (1st) annual meeting of stockholders of the Company following the Grant Date

John Hernandez, Director

11/20/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.