

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person * <u>Farrell Michael J.</u> _____ (Last) (First) (Middle) <u>RESMED INC.</u> <u>9001 SPECTRUM CENTER BLVD</u> _____ (Street) <u>SAN DIEGO CA 92123</u> _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC [RMD]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner Officer (give title below) _____ Other (specify below) _____ <u>Chief Executive Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>11/16/2023</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year) <u>11/20/2023</u>	

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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
ResMed Common Stock							4,090	I	Lisette and Michael Farrell Family Trust	
ResMed Common Stock	11/16/2023		M ⁽¹⁾		3,462	A	\$57.76	444,448	D	
ResMed Common Stock	11/16/2023		F ⁽²⁾		1,343	D	\$148.9	443,105	D	
ResMed Common Stock	11/20/2023		F ⁽³⁾		2,352,929	D	\$148.94	440,752	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. 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 Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
ResMed Common Stock Options	\$57.76	11/16/2023		M ⁽⁴⁾			3,462	11/11/2017	11/16/2023	ResMed Common Stock	3,462	\$0	0	D	
ResMed Common Stock Options	\$148.9	11/16/2023		A		55,468		11/11/2024 ⁽⁵⁾	11/16/2030	ResMed Common Stock	55,468	\$148.9	55,468	D	

Explanation of Responses:

- Original form amended to include a plan provision auto-exercise prior to option grant expiration.
- Disposition to issuer for exercise cost of options auto-exercised under the plan.
- Disposition to issuer for tax withholding on vesting of Performance Restricted Stock Units granted on 11/19/2020.
- Transaction was a plan auto exercise prior to expiration.
- Represents date options first become exercisable. Options vest 1/3 annually each November 11, 2024, 2025, and 2026.

Michael J. Farrell, Chief Executive Officer

11/20/2023

** 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.