FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APP	RO1	VΑ
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OMB Number:	3235-0287
Estimated average burden	
hours nor resnonse.	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).

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

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

purchase or sale issuer that is inte	of equity securities of nded to satisfy the se conditions of Rule astruction 10.			
1. Name and Addre Sandercock I	<u>Brett</u>		2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner  X Officer (give title Other (specify below) below)
(Last) (First) (Middle) RESMED INC. 9001 SPECTRUM CENTER BLVD.		, ,	3. Date of Earliest Transaction (Month/Day/Year) 07/08/2024	Chief Financial Officer
(Street) SAN DIEGO (City)	CA (State)	92123 (Zip)	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

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transac Code (I 8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	(Instr. 4)	Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	07/08/2024	<b>S</b> <sup>(1)</sup>		1,000	D	\$194.35	90,056	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. Transa Code (I 8)		n Derivative E		Expiration Date				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)	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)		

### Explanation of Responses:

 $1.\ The\ transaction\ was\ conducted\ under\ a\ Rule\ 10b5-1\ plan\ adopted\ February\ 6,\ 2024.$ 

Brett Sandercock, Chief Financial Officer

07/09/2024

\*\* 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.