FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-0287
Estimated average burden	
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### 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 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.

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

1. Name and Address Sandercock Br			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					
(Last) RESMED INC. 9001 SPECTRUM	(First)  I CENTER BLVD.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/08/2024	X	Officer (give title below)  Chief Financial Officer (give title below)	Other (specify below)  fficer			
(Street) SAN DIEGO (City)	CA (State)	92123 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ	dual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than One	Person			

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

iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2. Transaction Date (Month/Day/Year)	Code (Instr.		4. Securities Ac Disposed Of (D			5. Amount of 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	08/08/2024	S <sup>(1)</sup>		1,000	D	\$212.16	89,056	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 ( 8)		5. Numl Derivati Securiti Acquire or Disp (D) (Ins and 5)	ive ies ed (A) osed of	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and A Securities Ur Derivative Se (Instr. 3 and 4	derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	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		(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

08/09/2024

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).