FORM 4

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

Washington, D.C. 20549

OMB	APP	RO1	/A
-----	-----	-----	----

OMB Number:	3235-0287
Estimated average burden	
L	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 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

Name and Address of Reporting Person*     Ghoshal Kaushik			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) 08/12/2024	X Officer (give title Other (s below)  President, SaaS Business		,		
(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 (Chec Form filed by One Reporting Form filed by More than One	Person		

#### 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)	Transaction D		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	08/12/2024		M <sup>(1)</sup>		2,086	A	\$95.8	15,118	D	
ResMed Common Stock	08/12/2024		M <sup>(1)</sup>		6,877	A	\$95.8	21,995	D	
ResMed Common Stock	08/12/2024		M <sup>(1)</sup>		1,037	A	\$101.64	23,032	D	
ResMed Common Stock	08/12/2024		<b>S</b> <sup>(1)</sup>		10,000	D	\$216.6	13,032	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 (Ir 8)		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)	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)		
ResMed Common Stock Options	\$95.8	08/12/2024		M <sup>(1)</sup>			2,086	04/02/2018 <sup>(2)</sup>	04/02/2025	ResMed Common Stock	2,086	\$0	0	D	
ResMed Common Stock Options	\$95.8	08/12/2024		M <sup>(1)</sup>			6,877	04/02/2018	04/02/2025	ResMed Common Stock	6,877	\$0	0	D	
ResMed Common Stock Options	\$101.64	08/12/2024		M <sup>(1)</sup>			1,037	11/14/2018	11/14/2025	ResMed Common Stock	1,037	\$0	9,260	D	

## Explanation of Responses:

- 1. The transaction was conducted under a Rule 10b5-1 plan adopted April 29, 2024.
- 2. Represents date options first became exercisable. Options vest 1/3 per year.

<u>Kaushik Ghoshal, President SaaS</u> Business

08/13/2024

\*\* 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.