FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1000-1(0). See 1130	464611 10.							
1. Name and Address Ghoshal Kaus	of Reporting Person [*] <u>nik</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				
(Last) (First) (Middle)				X	Officer (give title below)	Other (specify below)		
(Last) (First) (Middle) RESMED INC.			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024	President, SaaS Business				
9001 SPECTRUN	I CENTER BLVD.							
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group Filing	(Check Applicable Line)		
SAN DIEGO	CA	92123		X	Form filed by One Repo	-		
					Form filed by More than	One Reporting Person		
(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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (II 8)		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)	7. Nature of Indirect Beneficial Ownership
				v	Amount	(A) or (D)	Price	 Transaction(s) (Instr. 3 and 4) 		(Instr. 4)
ResMed Common Stock	08/15/2024		A ⁽¹⁾		7,915	Α	\$ <mark>0</mark>	20,947	D	
ResMed Common Stock	08/15/2024		A ⁽²⁾		841	Α	\$ <mark>0</mark>	21,788	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title Deriva Secur	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any (Month/Day/Year)	-,		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	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. Represents performance-based restricted stock units granted on November 16, 2023. The shares were earned on August 15, 2024, when the compensation committee certified that the performance metrics were met. Stock units vest 1/3each year on the anniversary of the grant.

2. Represents performance-based restricted stock units granted on November 16, 2023. The shares were earned on August 15, 2024, when the compensation committee certified that the performance metrics were met for this portion of the grant. The earned units remain subject to time-vesting requirements, and are scheduled to vest on the three-year anniversary of the grant, assuming continued service through the vesting date.

Kaushik Ghoshal, Chief Commercial Officer, SaaS business	08/15/2024
** 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.