FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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).

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 inded to satisfy the se conditions of Rule instruction 10.									
1. Name and Addre	<u>shik</u>		2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		tionship of Reporting Pers all applicable) Director Officer (give title below)	on(s) to Issuer 10% Owner Other (specify below)				
(Last) RESMED INC. 9001 SPECTRU	(First) JM CENTER BL	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/12/2024		Chief Commercial	,				
(Street) SAN DIEGO (City)	CA (State)	92123 (Zip)	If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	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)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
		Code	v	Amount (A) or (D) Price			3 and 4)		(Instr. 4)
ResMed Common Stock	09/12/2024	M ⁽¹⁾		5,000	A	\$101.64	26,788	D	
ResMed Common Stock	09/12/2024	S ⁽¹⁾		5,000	D	\$252.56	21,788	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. Transa Code (I 8)		5. Num Deriva Securi Acquir or Disp of (D) 4 and	tive ties red (A) posed (Instr. 3,	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	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	\$101.64	09/12/2024		M			5,000	11/14/2018 ⁽²⁾	11/14/2025	ResMed Common Stock	5,000	\$0	4,260	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, Chief</u> <u>Commercial Officer, SaaS business</u>

09/13/2024

** 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.