FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number:	3235-0287
Estimated average burden	
houre per reenence.	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

1000 1(0): 000 1110								
1. Name and Address Farrell Michae	s of Reporting Person el J.		2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner Officer (give title Other (specify below)			
DEGLEED DIG		, ,	3. Date of Earliest Transaction (Month/Day/Year) 10/07/2024	Chief Executive Officer				
(Street) SAN DIEGO (City)	CA (State)	92123 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing (Form filed by One Repo Form filed by More than	rting 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)	3. Transaction Code (Instr. 8)		4. Securities A Of (D) (Instr. 3,		A) or Disposed	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	10/07/2024		M ⁽¹⁾		14,683	Α	\$84.98	478,852	D	
ResMed Common Stock	10/07/2024		S ⁽¹⁾		14,683	D	\$231.9149(2)	464,169	D	
ResMed Common Stock								0	I	Lisette and Michael Farrell Foundation
ResMed Common Stock								4,090	I	Lisette and Michael Farrell Family Trust

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. 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)	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	\$84.98	10/07/2024		M			14,683	11/11/2018 ⁽³⁾	11/16/2024	ResMed Common Stock	14,683	\$0	14,683	D	

Explanation of Responses:

- $1.\ The\ transaction\ was\ conducted\ under\ a\ Rule\ 10b5-1\ plan\ adopted\ January\ 31,\ 2024.$
- 2. This transaction was executed in multiple trades at prices ranging from \$230.66 \$234.70 The price reported above reflects the weighted average sale price.
- 3. Represents date options first became exercisable. Options vest 1/3 per year.

Michael J. Farrell, Chief Executive Officer

10/08/2024

** Signature of Reporting Person

Date

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

- * 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.