FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB	APF	PRO	VA
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OMB Number:	3235-0287
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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

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Name and Address of Reporting Person* Sandercock Brett			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		tionship of Reporting Perso all applicable) Director	10% Owner		
(Last)	(First) (Middle) 3. Date of Earliest Transaction (Month 02/10/2025		X	Officer (give title below)	Other (specify below)			
RESMED INC.			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2025	Chief Financial Officer				
9001 SPECTRUI	M CENTER BLVI) .						
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing	(Check Applicable Line)		
SAN DIEGO	CA	92123		X	Form filed by One Repo	•		
(City) (State) (Zip)		(Zip)						

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			4. Securities Ac Disposed Of (D		4 and 5)	Securities Beneficially Owned		7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	02/10/2025		S ⁽¹⁾		1,000	D	\$238.98	91,864	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)	Transaction Code (Instr.		Derivative		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	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:

 $1.\ The\ transaction\ was\ conducted\ under\ a\ Rule\ 10b5-1\ plan\ adopted\ February\ 6,2024.$

Brett Sandercock, Chief Financial Officer

02/11/2025

** 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.