FORM 4

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

Washington, D.C. 20549

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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 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

(.,										
1. Name and Address of Reporting Person*  FARRELL PETER C  (Last) (First) (Middle)  9001 SPECTRUM CENTER BLVD.			2. Issuer Name <b>and</b> Ticker or Trading Symbol RESMED INC [ RMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
			, ,		Director	10% Owner				
					Officer (give title	Other (specify				
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/07/2025		below)	below)				
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group Filing (Ch	eck Applicable Line)				
SAN DIEGO CA		92123		X	X Form filed by One Reporting Person					
					Form filed by More than On	e 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 (Ir 8)		4. Securities Ad Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	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	05/07/2025		<b>S</b> <sup>(1)</sup>		2,000	D	\$242.25	71,218	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	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)	Saction Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v			Date Exercisable	Expiration Date	Amount or Number of Shares			Transaction(s) (Instr. 4)		

#### Explanation of Responses:

Peter C. Farrell, Chairman

emeritus

05/08/2025

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>1. \</sup> The \ transaction \ was \ conducted \ under \ a \ Rule \ 10b5-1 \ plan \ adopted \ May \ 28, 2024$ 

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).