FORM 4

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

Washington, D.C. 20549

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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.

Name and Address of Reporting Person* <u>Farrell Michael J.</u>			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			TESTINES III		Director	10% Owner				
(Last) (First) (Middle) RESMED INC.		(Middle)	_	X	Officer (give title below)	Other (specify below)				
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/07/2025		Chief Executiv	ve Officer				
9001 SPECTRUM	M CENTER BLVI	)								
(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	orting Person n 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. Transaction Code (Instr. 8)		4. Securities A (D) (Instr. 3, 4		A) or Disposed Of	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	05/07/2025		<b>M</b> <sup>(1)</sup>		8,009	Α	\$101.64	463,512(2)	D	
ResMed Common Stock	05/07/2025		<b>S</b> <sup>(1)</sup>		8,009	D	\$243.2268(3)	455,503	D	
ResMed Common Stock								2,090	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)			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	Ownership Form: Direct (D)	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	05/07/2025		M <sup>(1)</sup>			8,009	11/11/2019 <sup>(4)</sup>	11/14/2025	ResMed Common Stock	8,009	\$0	48,056	D	

### Explanation of Responses:

- $1.\ The\ transaction\ was\ conducted\ under\ a\ Rule\ 10b5-1\ plan\ adopted\ October\ 31,\ 2024.$
- 2. Includes 30.3711 shares of ResMed stock purchased on April 30, 2025, through the ResMed Employee Stock Purchase Plan.
- 3. This transaction was executed in multiple trades at prices ranging from \$241.50 \$245.09. The price reported above reflects the weighted average sale price.
- 4. Represents date options first become exercisable. Options vest 1/3 per year.

Michael J. Farrell, Chief Executive Officer 05/08/2025

\*\* Signature of Reporting Person D

Date

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

- $^{\star}$  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.