FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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			2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
(Last) (First) (Middle) 14040 DANIELSON STREET		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/20/2003	X Director 10% Owner X Officer (give title below) Other (specify below) Chief Executive Officer
(Street) POWAY	СА	92064	4. If Amendment, Date of Original Filed (Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than 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)	Execution Date, Transaction		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price (Instr. 3 and 4)			(Instr. 4)
ResMed Common Stock	10/20/2003(1)	S ⁽¹⁾		2,000(1)	D ⁽¹⁾	\$45	999,568	D	
ResMed Common Stock	10/20/2003(1)	G ⁽¹⁾	v	2,000(1)	D ⁽¹⁾	\$45	997,568	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. Transaction Code (Instr. 8)		5. Number of 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)		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)	\$4.085							06/27/1997 ⁽²⁾	06/26/2006	RMD Common Stock	30,000		30,000	D	
ResMed Common Stock (Options)	\$6							08/05/1998 ⁽²⁾	08/04/2007	RMD Common Stock	26,964		56,964	D	
ResMed Common Stock (Options)	\$13.3438							07/30/2000 ⁽²⁾	07/29/2009	RMD Common Stock	12,374		76,834	D	
ResMed Common Stock (Options)	\$24.625							07/12/2001 ⁽²⁾	07/11/2010	RMD Common Stock	80,000		156,834	D	
ResMed Common Stock (Options)	\$50.55							07/02/2002 ⁽²⁾	07/01/2011	RMD Common Stock	80,000		236,834	D	
ResMed Common Stock (Options)	\$25.42							07/11/2003 ⁽²⁾	07/10/2012	RMD Common Stock	60,000		296,834	D	

Explanation of Responses:

1. All transactions were performed pursuant to an existing 10b5-1 plan.

2. Options are vested over a 3-year period, with 1/3 vesting beginning 1 year after date of grant.

Remarks:

Peter C. Farrell ** Signature of Reporting Person

<u>10/21/2003</u>

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.