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

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

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 RESMED INC [RMD]		tionship of Reporting Person all applicable) Director	(s) to Issuer
(Last) (First) (Middle) 14040 DANIELSON STREET		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/03/2004	X	Officer (give title below) Chief Executive	Other (specify below)
(Street) POWAY (City)	CA (State)	92064 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing (C Form filed by One Report Form filed by More than C	ing 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. Transac Code (Ir 8)					Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code V Amount (A) or (D) Price		Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
ResMed Common Stock	05/03/2004(1)		M ⁽¹⁾		6,200(1)	A ⁽¹⁾	\$24.625	786,986	D	
ResMed Common Stock	05/03/2004(1)		S ⁽¹⁾		6,200(1)	D ⁽¹⁾	\$49.0954	780,786	D	
ResMed Common Stock	05/03/2004(1)		S ⁽¹⁾		2,000(1)	D ⁽¹⁾	\$49.0954	778,786	D	
ResMed Common Stock	05/03/2004(1)		G ⁽¹⁾	V	2,000(1)	D ⁽¹⁾	\$49.22	776,786	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)	Conversion	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)		Derivative	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 Options	\$24.625	05/03/2004 ⁽¹⁾		M ⁽¹⁾			6,200 ⁽¹⁾	07/12/2001	07/11/2010	ResMed Common Stock	6,200	\$0	313,460	D	

Explanation of Responses:

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

Remarks:

Peter C. Farrell

** Signature of Reporting Person

05/04/2004

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.

 $^{^{\}star}$ 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).