FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-0287
Estimated average burden	1
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

Name and Address of Reporting Person SMITH ADRIAN M			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
I		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/11/2004	X	Officer (give title below)	Other (specify below)		
(Street) CABARITA, NSW	C3	2137	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	Form filed by One R	ing (Check Applicable Line) Reporting Person 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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	08/11/2004		M		4,000	A	\$6	4,000	D	
ResMed Common Stock	08/11/2004		M		6,000	A	\$11.3125	10,000	D	
ResMed Common Stock	08/11/2004		S		4,000	D	\$45.1759	6,000	D	
ResMed Common Stock	08/11/2004		S		6,000	D	\$45.1759	0	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. 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)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
ResMed Options	\$6	08/11/2004		M			4,000	08/05/2000	08/04/2007	ResMed Common Stock	4,000	\$0	71,000	D	
ResMed Options	\$11.3125	08/11/2004		М			6,000	07/02/1999	07/01/2008	ResMed Common Stock	6,000	\$0	65,000	D	

Explanation of Responses:

Remarks:

Adrian M. Smith

08/12/2004

** 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.

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