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 Perso all applicable) Director	n(s) to Issuer
(Last) (First) (Middle) 14040 DANIELSON STREET		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/06/2004	X	Officer (give title below)  Chief Executive	Other (specify below)
(Street) POWAY	CA	92064	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing ( Form filed by One Repoi Form filed by More than	rting 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)	Transaction Code (Instr.		4. Securities Ad Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	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	12/06/2004(1)		M <sup>(1)</sup>		6,200(1)	<b>A</b> <sup>(1)</sup>	\$24.625	685,986	D	
ResMed Common Stock	12/06/2004(1)		S <sup>(1)</sup>		6,200(1)	<b>D</b> (1)	\$50.082	679,786	D	
ResMed Common Stock	12/06/2004(1)		S <sup>(1)</sup>		2,000(1)	<b>D</b> (1)	\$50.082	677,786	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)	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 (In 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)		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		Reported Transaction(s) (Instr. 4)		
ResMed Options	\$24.625	12/06/2004 <sup>(1)</sup>		M <sup>(1)</sup>			6,200 <sup>(1)(1)</sup>	07/12/2001	07/11/2010	ResMed Common Stock	6,200	\$0	240,060	D	

#### Explanation of Responses:

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

## Remarks:

Peter C. Farrell

12/06/2004

\*\* 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.

 $<sup>^{\</sup>star}$  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).