

OMB Number:	3235-0104
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 * <u>Serzen Keith</u> <hr/> (Last) (First) (Middle) <u>14040 DANIELSON STREET</u> <hr/> (Street) <u>POWAY CA 92064</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>01/03/2005</u>	3. Issuer Name and Ticker or Trading Symbol <u>RESMED INC [ RMD ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ <u>COO - Americas</u>	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<u>ResMed Common Stock</u>	<u>424.653</u>	<u>D</u>	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
<u>ResMed Options</u>	<u>10/01/2004<sup>(1)</sup></u>	<u>09/30/2013</u>	<u>ResMed Common Stock</u>	<u>25,000</u>	<u>0</u>	<u>D</u>	
<u>ResMed Options</u>	<u>01/15/2005<sup>(1)</sup></u>	<u>01/14/2014</u>	<u>ResMed Common Stock</u>	<u>10,000</u>	<u>0</u>	<u>D</u>	
<u>ResMed Options</u>	<u>01/03/2006<sup>(1)</sup></u>	<u>01/02/2016</u>	<u>ResMed Common Stock</u>	<u>30,000</u>	<u>0</u>	<u>D</u>	

**Explanation of Responses:**

1. ResMed options vest 1/3 each year for 3 years from the date of grant.

**Remarks:**

Keith Serzen 01/05/2005  
 \*\* Signature of Reporting Person Date

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 5 (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.