FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

O	MB	AP	PR	O\	/AI

OMB Number:	3235-0287
Estimated average burden	
hours per response.	0.5

ı	Check this box if no longer subject to
ı	Section 16. Form 4 or Form 5 obligations
I	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      Gallahue Kieran			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]		tionship of Reporting Person( all applicable) Director	to Issuer	
(Last) (First) (Middle) 14040 DANIELSON STREET		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/15/2005	X	Officer (give title below)  President, Glo	Other (specify below)	
(Street) POWAY CA X1 92064 (City) (State) (Zip)		92064 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Form filed by One Reporting	Group Filing (Check Applicable Line) by One Reporting Person by More than One Reporting 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)	Transaction Code (Instr.		4. Securities A Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	11/15/2005	11/16/2005	M		25,000	A	\$15.985	26,993.153(2)(3)	D	
ResMed Common Stock	11/15/2005	11/16/2005	S		25,000	D	\$41.0666	1,933.153(2)(3)	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. Transact Code (In 8)		Derivative		6. Date Exerci Expiration Dat (Month/Day/Ye	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
ResMed Options	\$15.985 <sup>(3)</sup>	11/15/2005	11/16/2005	M			25,000	01/13/2004 <sup>(1)</sup>	01/12/2013	ResMed Common Stock	25,000	\$0	363,000 <sup>(3)</sup>	D	

#### Explanation of Responses:

- 1. ResMed options vest 1/3 each year, beginning 1 year from date of grant.
- 2. Includes shares acquired under the Issuer's employee stock purchase plan.
- 3. Figures reflect 2-for-1 split effective 9/30/2005

## Remarks:

Kieran Gallahue

11/17/2005

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.