FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB Number

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 Gallahue Kier	s of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD]		tionship of Reporting Person(s all applicable) Director	s) to Issuer 10% Owner	
(Last) (First) (Middle) 14040 DANIELSON STREET			3. Date of Earliest Transaction (Month/Day/Year) 11/18/2005	x	Officer (give title below) President, Glo	Other (specify below)	
(Street) POWAY CA (City)	X1 (State)	92064 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year) 11/15/2005	6. Indiv X	idual or Joint/Group Filing (Ch Form filed by One Reportir Form filed by More than Or	ng Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date Execution Date,		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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	11/15/2005	11/16/2005	М		25,000	Α	\$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. 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)		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)	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	\$15.985 ⁽³⁾	11/15/2005	11/16/2005	М			25,000	06/24/2004 ⁽¹⁾	01/12/2013	ResMed Common Stock	25,000	\$0	357,000 ⁽³⁾	D	

Explanation of Responses:

1. These options are subject to 4 yr. cliff vesting based on performance

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

** Signature of Reporting Person

11/21/2005 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 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.

OMB APPROVAL

ONB Number.	3233-020
Estimated average burden hours per response:	
hours per response:	0.