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

	4040 DANIELSON STREET		2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]	5. Relat (Check	to Issuer		
(Last) (First) (Middle) 14040 DANIELSON STREET		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/03/2006	X	Officer (give title below)  Chief Executive O	Other (specify below)	
(Street) POWAY	CA	92064	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	idual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than One	g 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)	xecution Date, Transaction		4. Securities Ad Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v	Amount	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		
ResMed Common Stock							1,147,572(2)	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)		Derivative Expiration		Expiration Date (Month/Day/Ye	xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	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 Common Stock	\$38.5	02/03/2006	02/08/2006	A		120,000		02/03/2007 <sup>(1)</sup>	02/02/2016	ResMed Common Stock	120,000	\$0	720,120 <sup>(2)</sup>	D	

#### Explanation of Responses:

- 1. Options are exercisable 1/4 each year for 4 years beginning on the date of the grant.
- 2. Beneficial ownership amount reflects 2 for 1 stock split effective 9/30/2005.

## Remarks:

Peter C. Farrell

02/10/2006

\*\* 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> 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).