

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

☐ 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

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940

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| 1. Name and Address of Reporting Person * <u>Sandercock Brett</u> (Last) (First) (Middle) <u>RESMED INC.</u> <u>14040 DANIELSON STREET</u> (Street) <u>POWAY CA 92064</u> (City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC [RMD]</u> 3. Date of Earliest Transaction (Month/Day/Year) <u>02/22/2007</u> 4. If Amendment, Date of Original Filed (Month/Day/Year) | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) <u>X Chief Financial Officer</u> 6. Individual or Joint/Group Filing (Check Applicable Line) <u>X</u> Form filed by One Reporting Person Form filed by More than One Reporting Person |
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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) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|-----------|---|--|--|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| ResMed Common Stock | 02/22/2007 | | M | | 4,000 | A | \$20.54 | 4,435.439 | D | |
| ResMed Common Stock | 02/22/2007 | | S | | 4,000 | D | \$49.2836 | 435.439 | D | |
| ResMed Common Stock | 02/22/2007 | | M | | 4,000 | A | \$25.275 | 4,435.439 | D | |
| ResMed Common Stock | 02/22/2007 | | S | | 4,000 | D | \$49.2836 | 435.439 | 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 Transaction(s) (Instr. 4) | 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 | | | | |
| ResMed Stock Options | \$20.54 | 02/22/2007 | | M | | | 4,000 | 01/15/2007 ⁽¹⁾ | 01/14/2014 | ResMed Common Stock | 4,000 | \$0 | 127,000 | D | |
| ResMed Stock Options | \$25.275 | 02/22/2007 | | M | | | 4,000 | 07/02/2004 ⁽¹⁾ | 07/01/2011 | ResMed Common Stock | 4,000 | \$0 | 123,000 | D | |

Explanation of Responses:

1. Options vest 1/3 annually.

Remarks:

Brett Sandercock

02/22/2007

** 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 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.