FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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ı	OMB Number:	3235-0287
ı	Estimated average burden	
ı	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

1. Name and Address of Reporting Person*  FARRELL PETER C			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]		tionship of Reporting Perso all applicable) Director	n(s) to Issuer
(Last) 14040 DANIEI	(First) (Middle) SON STREET		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2008	X	Officer (give title below)  Exec. Chairman (	Other (specify below) of the Board
(Street) POWAY CA 92064		92064	4. If Amendment, Date of Original Filed (Month/Day/Year)		ridual or Joint/Group Filing Form filed by One Repo Form filed by More than	rting 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)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)			
ResMed Common Stock	05/05/2008(1)		S		5,000(1)	D	\$41.0509	809,062	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	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		5. Num Derivat Securit Acquire or Disp (D) (Ins and 5)	ive ies ed (A) osed of	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and A Securities Un Derivative Se (Instr. 3 and A	nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	(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)		

#### Explanation of Responses:

1. Pursuant to existing 10b5-1 plan.

#### Remarks:

Peter C. Farrell

05/05/2008

\*\* 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.

 $<sup>^{\</sup>star}$  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).