FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| _ | | | | | |
|--------|----|-------------|----|--------|-------|
| \sim | MR | ΛD | 00 | \cap | / N I |
| | | | | | |

| | 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* ROBERTS CHRISTOPHER G | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | tionship of Reporting Person(s) all applicable) Director | on(s) to Issuer | |
|---|---------|----------|--|----------|---|-----------------------|--|
| (Last) (First) (Middle) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2008 | | Officer (give title below) | Other (specify below) | |
| RESMED INC. 14040 DANIELSON STREET | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | idual or Joint/Group Filing (Chec Form filed by One Reporting Form filed by More than One | Person | |
| (Street) | | | | | . om med by mere than one | r toporting r order. | |
| POWAY | CA | 92064 | | | | | |
| (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) | | | 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 | 05/21/2008 | | S | | 15,000 | D | \$41.2629 | 248,400 | I | Cabbit Pty Ltd ⁽¹⁾ |
| ResMed Common Stock | | | | | | | | 68,000 | I | AceMed Pty Ltd. ⁽²⁾ |
| ResMed Common Stock | | | | | | | | 11,600 | I | Spouse |

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 (Ir 8) | ction Derivative | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) | 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. Solely owned by Christopher Roberts and his Spouse
- 2. Solely owned by Christopher Roberts, his spouse and children

Remarks:

Christopher G. Roberts

05/22/2008

** 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.