FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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| l | OMB Number:              | 3235-0287 |
|---|--------------------------|-----------|
| l | Estimated average burden |           |
| l | 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 ] | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner   |
|---|---------------|----------------|--|--|
| (Last) (First) (Middle) 14040 DANIELSON STREET            |               | (Middle)       | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2008    | X Officer (give title Other (specify below)  Exec. Chairman of the Board   |
| (Street) POWAY (City)                                     | CA<br>(State) | 92064<br>(Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year)       | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |

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

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | te, Transaction Code (Instr. |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and 5) |               |         | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported | Form: Direct (D) | Beneficial<br>Ownership |
|---------------------------------|--|---|------------------------------|---|--|---------------|---------|--|------------------|-------------------------|
|                                 |  |   | Code                         | v | Amount   | (A) or<br>(D) | Price   | Transaction(s)<br>(Instr. 3 and 4)                                     |                  | (Instr. 4)              |
| ResMed Common Stock             | 08/04/2008(1)                              |   | S                            |   | 5,000(1)   | D             | \$37.21 | 842,672  | D                |                         |

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security (Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | <br>3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transac<br>Code (In<br>8) |   | 5. Num<br>Derivat<br>Securit<br>Acquire<br>or Disp<br>(D) (Ins<br>and 5) | ive<br>ies<br>ed (A)<br>osed of | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y | ate                | 7. Title and A<br>Securities Un<br>Derivative Se<br>(Instr. 3 and A | nderlying<br>ecurity                | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | (I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|--|---|---|---------------------------------|---|--|---------------------------------|--|--------------------|---|-------------------------------------|---|--|----------------|--|
|  |   |   | Code                            | v | (A)  | (D)                             | Date<br>Exercisable                            | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of Shares |   | Transaction(s)<br>(Instr. 4)   |                |  |

## Explanation of Responses:

1. Trade executed pursuant to a 10b5-1.

#### Remarks:

Peter C. Farrell

08/04/2008

\*\* 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).