FORM 4

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

Washington, D.C. 20549

	OMB Number:	3235-0287
ı	Estimated average burden	
ı	hours per response:	0.5

1	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
l	Section 16. Form 4 or Form 5 obligations
1	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 PENDARVIS			2. Issuer Name <b>and</b> Ticker or Trading Symbol RESMED INC [ RMD ]		ionship of Reporting Person(s) all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 11/20/2008	X	Director Officer (give title below)	10% Owner Other (specify below)		
14040 DANIELSON STREET					Sr. VP, General Co	ounsel		
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				
POWAY	CA	92064			Form filed by More than One	e Reporting 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. 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	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock								3,815.342(1)	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. Transact Code (In 8)		Derivative		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 4)		
ResMed Common Stock Options	\$31.04	11/20/2008		A		70,000		11/20/2009 <sup>(2)</sup>	11/06/2015	ResMed Common Stock	70,000	\$0	293,714	D	

### Explanation of Responses:

- $1.\ Includes\ 316.298\ shares\ purchased\ on\ April\ 30,2008\ and\ 292.721\ shares\ purchased\ on\ October\ 31,2008,\ pursuant\ to\ ResMed's\ Employee\ Stock\ Purchase\ Program.$
- $2. \ Represents \ first \ day \ options \ are \ exercisable. \ Options \ vest \ 1/4 \ per \ year \ beginning \ on \ the \ first \ anniversary \ of \ the \ grant.$

#### Remarks:

<u>David Pendarvis</u> 11/24/2008

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.