

## FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

|  |           |
|--|-----------|
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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

|  |  |   |   |
|--|--|---|---|
| 1. Name and Address of Reporting Person *<br><u>Jacobsen Stein</u>             | 2. Date of Event Requiring Statement (Month/Day/Year)<br><u>01/02/2009</u> | 3. Issuer Name and Ticker or Trading Symbol<br><u>RESMED INC [ RMD ]</u>  |   |
|  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br>Director<br><input checked="" type="checkbox"/> Officer (give title below)<br><u>COO, Europe</u><br>10% Owner<br>Other (specify below) | 5. If Amendment, Date of Original Filed (Month/Day/Year)<br><br>6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |
| (Last) (First) (Middle)<br><u>RESMED INC.</u><br><u>14040 DANIELSON STREET</u> |  |   |   |
| (Street)<br><u>POWAY</u> <u>CA</u> <u>92064</u>                                |  |   |   |
| (City) (State) (Zip)   |  |   |   |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| <u>ResMed Common Stock</u>      | <u>23,699.329</u>                                     | <u>D</u>   |   |
| <u>ResMed Common Stock</u>      | <u>40,000</u>   | <u>I</u>   | <u>Stein Jacobsen Invest AS</u>                       |

Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                   | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-------------------|---|----------------------------|--|--|---|
|  | Date Exercisable   | Expiration Date   | Title   | Amount or Number of Shares |  |  |   |
| <u>ResMed Common Stock Options</u>         | <u>02/03/2007<sup>(1)</sup></u>                          | <u>02/03/2016</u> | <u>ResMed Common Stock</u>  | <u>12,000</u>              | <u>38.5</u>  | <u>D</u>   |   |
| <u>ResMed Common Stock Options</u>         | <u>11/10/2007<sup>(1)</sup></u>                          | <u>11/10/2013</u> | <u>ResMed Common Stock</u>  | <u>12,000</u>              | <u>46.19</u>   | <u>D</u>   |   |
| <u>ResMed Common Stock Options</u>         | <u>08/01/2008<sup>(1)</sup></u>                          | <u>08/01/2014</u> | <u>ResMed Common Stock</u>  | <u>25,000</u>              | <u>43.42</u>   | <u>D</u>   |   |
| <u>ResMed Common Stock Options</u>         | <u>11/07/2008<sup>(1)</sup></u>                          | <u>11/07/2014</u> | <u>ResMed Common Stock</u>  | <u>4,000</u>               | <u>42.05</u>   | <u>D</u>   |   |
| <u>ResMed Common Stock Options</u>         | <u>10/01/2009<sup>(1)</sup></u>                          | <u>10/01/2015</u> | <u>ResMed Common Stock</u>  | <u>10,000</u>              | <u>43.35</u>   | <u>D</u>   |   |
| <u>ResMed Common Stock Options</u>         | <u>11/20/2009<sup>(1)</sup></u>                          | <u>11/20/2015</u> | <u>ResMed Common Stock</u>  | <u>70,000</u>              | <u>31.04</u>   | <u>D</u>   |   |

## Explanation of Responses:

1. Stock options vest 1/4 per year on the anniversary of the grant.

## Remarks:

Stein Jacobsen01/05/2009

\*\* 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 5 (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.