FORM 4

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

Washington, D.C. 20549

| 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  Sandercock Br                      |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  RESMED INC [ RMD ] |   | tionship of Reporting Pers<br>all applicable)<br>Director | ion(s) to Issuer      |  |  |
|---|---------|----------|--|---|---|-----------------------|--|--|
| (Last) (First) (I                                       |         | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2009            | X   | Officer (give title below)  Chief Financi                 | Other (specify below) |  |  |
| 9001 SPECTRUM CENTER BLVD.  (Street) SAN DIEGO CA 92123 |         | 92123    | 4. If Amendment, Date of Original Filed (Month/Day/Year)               | Form filed by More than One Reporting Person     Form filed by More than One Reporting Person |   |                       |  |  |
| (City)  | (State) | (Zip)    |  |   |   |                       |  |  |

#### 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) | 3.<br>Transaction<br>Code (Instr.<br>8) |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and 5) |               |         | Securities<br>Beneficially Owned<br>Following Reported | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | Beneficial<br>Ownership |
|---------------------------------|--|---|---|---|--|---------------|---------|--|---|-------------------------|
|                                 |  |   | Code                                    | v | Amount   | (A) or<br>(D) | Price   | Transaction(s)<br>(Instr. 3 and 4)                     |   | (Instr. 4)              |
| ResMed Common Stock             | 11/13/2009                                 |   | S                                       |   | 6,000  | D             | \$49.72 | 8,435.439  | 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) | Transaction Code (Instr. |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |     | Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                                     | 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 | Form:<br>Direct (D) | 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:

Remarks:

Brett Sandercock

11/16/2009

\*\* 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).