FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number:	3235-0287
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ı	Check this box if no longer subject to
l	Section 16. Form 4 or Form 5 obligations
I	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 Douglas Robe	of Reporting Person* rt Andrew		2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		ionship of Reporting Po all applicable) Director	erson(s) to Issuer		
(Last) RESMED INC.	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/11/2010	X	Officer (give title below) COO As	Other (specify below)		
9001 SPECTRUM CENTER BLVD. (Street) SAN DIEGO CA 92123			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				
(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
				v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	02/11/2010		M		10,000	A	\$31.04	11,941.237	D	
ResMed Common Stock	02/11/2010		S		10,000	D	\$54.8266(3)	1,941.237(4)	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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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	02/11/2010		M			10,000	11/20/2009 ⁽¹⁾	11/20/2015	ResMed Common Stock	10,000	\$31.04	60,000 ⁽²⁾	D	

Explanation of Responses:

- 1. Represents the first date the options became exercisable.
- 2. Previous reports aggregated all beneficially owned derivative securities following the reported transaction. This report includes only beneficially owned derivative securities of the same class as those disposed of in this trade, meaning those that have the same grant date and exercise price.
- 3. This transaction was executed in multiple trades at prices ranging from \$54.81 to \$54.87. The price reported above reflects the weighted average sale price. The reporting person will provide full information regarding the number of shares and prices at which the transaction was effected upon request to the SEC staff, the issuer or the security holder of the issuer.
- 4. Includes 321.472 shares purchased on October 31, 2009, through ResMed's Employee Stock Purchase program.

Remarks:

Robert Andrew Douglas

** 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.