FORM 4

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

Washington, D.C. 20549

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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 * Gallahue Kieran			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) RESMED INC.			3. Date of Earliest Transaction (Month/Day/Year) 03/05/2010	X	Officer (give title below)  Chief Executive O	Other (specify below)		
9001 SPECTRUM CENTER BOULEVARD  (Street) SAN DIEGO CA 92123			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than One	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)	Code (Ir	Transaction Of (D) (Instr. 3, 4 and Code (Instr.			) or Disposed	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	03/05/2010(4)		M		5,000(4)	A	\$23.885	8,223.897	D	
ResMed Common Stock	03/05/2010(4)		S		5,000(4)	D	\$58.87(2)	3,223.897	D	
ResMed Common Stock	03/05/2010(4)		M		10,000(4)	A	\$23.885	13,223.897	D	
ResMed Common Stock	03/05/2010(4)		S		10,000(4)	D	\$58.793(3)	3,223.897	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)	4. Transaction Code (Instr. 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)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
ResMed Stock Options	\$23.885	03/05/2010 <sup>(4)</sup>	М			5,000 <sup>(4)</sup>	09/01/2005 <sup>(1)</sup>	09/01/2014	ResMed Common Stock	5,000	\$0	62,600	D	
ResMed Common Stock Options	\$23.885	03/05/2010 <sup>(4)</sup>	М			10,000 <sup>(4)</sup>	09/01/2005 <sup>(1)</sup>	09/01/2014	ResMed Common Stock	10,000	\$0.00	52,600	D	

## Explanation of Responses:

- 1. Represents first date options became exercisable.
- 2. This transaction was executed in multiple trades at prices ranging from \$58.60 to \$59.235. 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.
- 3. This transaction was executed in multiple trades at prices ranging from \$58.60 to \$59.26. The price reported reflects the weighted average sale price. The reporting person wil 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. Trade executed in accordance with 10b5-1 trading plan.

### Remarks:

Kieran Gallahue 03/09/2010

\*\* 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.