FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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*		2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/24/2011	X	Director Officer (give title below)	10% Owner Other (specify below)			
RESMED INC. 9001 SPECTRUM CENTER BLVD. (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 Form filed by More than One Reporting Person					
SAN DIEGO	СА	92123							
(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)	cution Date, Transac ny Code (In		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	02/24/2011		М		36,000	A	\$23.875	57,255	D	
ResMed Common Stock	02/24/2011		S		36,000	D	\$31.152(2)	21,255	D	
ResMed Common Stock	02/24/2011		М		12,000	A	\$23.095	33,255	D	
ResMed Common Stock	02/24/2011		S		12,000	D	\$31.153	21,255	D	
ResMed Common Stock	02/24/2011		М		36,000	A	\$21.025	57,255	D	
ResMed Common Stock	02/24/2011		S		36,000	D	\$31.152(2)	21,255	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)	Transaction Derivative Expiration Date Securities Und Code (Instr. Securities (Month/Day/Year) Derivative Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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	\$23.875	02/24/2011		М			36,000	07/07/2007 ⁽¹⁾	07/07/2016	ResMed Common Stock	36,000	\$ 0	0	D	
ResMed Common Stock Options	\$23.095	02/24/2011		М			12,000	11/10/2009 ⁽¹⁾	11/10/2013	ResMed Common Stock	12,000	\$ <u>0</u>	0	D	
ResMed Common Stock Options	\$21.025	02/24/2011		М			36,000	11/07/2010 ⁽¹⁾	11/07/2014	ResMed Common Stock	36,000	\$0	0	D	

Explanation of Responses:

1. Represents first day options became exercisable.

2. This transaction was executed in multiple trades at prices ranging from \$31.072 to \$31.232. 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.

Remarks:

Ronald R. Taylor
** Signature of Reporting Perso

Signature of Reporting Person

02/28/2011

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.

OMB APPROVAL

Date