

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burden 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 of Reporting Person * <u>PENDARVIS DAVID</u> (Last) (First) (Middle) <u>RESMED INC.</u> <u>9001 SPECTRUM CENTER BLVD.</u> (Street) <u>SAN DIEGO CA 92123</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC [RMD]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) <u>Chief Admin Off. & Gen.Counsel</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>11/09/2011</u>	
	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

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 Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
ResMed Common Stock	11/09/2011		M		4,756	A	\$21.025	52,699.086 ⁽²⁾	D	
ResMed Common Stock	11/09/2011		M		16,040	A	\$12.468	68,739.086	D	
ResMed Common Stock	11/09/2011		M		10,388	A	\$19.25	79,127.086	D	
ResMed Common Stock	11/09/2011		M		43,426	A	\$6.908	122,553.086	D	
ResMed Common Stock	11/09/2011		M		10,692	A	\$9.35	133,245.086	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. 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 Transaction(s) (Instr. 4)	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				
ResMed Common Stock Options	\$21.025	11/09/2011		M			4,756	11/07/2008 ⁽¹⁾	11/07/2014	ResMed Common Stock	4,756	\$0	37,744	D	
ResMed Common Stock Options	\$12.468	11/09/2011		M			16,040	01/20/2006 ⁽¹⁾	01/20/2015	ResMed Common Stock	16,040	\$0	0	D	
ResMed Common Stock Options	\$19.25	11/09/2011		M			10,388	02/03/2007 ⁽¹⁾	02/03/2016	ResMed Common Stock	10,388	\$0	0	D	
ResMed Common Stock Options	\$6.9075	11/09/2011		M			43,426	10/01/2003 ⁽¹⁾	10/01/2012	ResMed Common Stock	43,426	\$0	0	D	
ResMed Common Stock Options	\$9.35	11/09/2011		M			10,692	05/27/2004 ⁽¹⁾	05/27/2013	ResMed Common Stock	10,692	\$0	0	D	

Explanation of Responses:

1. Represents date options first became exercisable.
 2. Includes 384,199 shares of common stock purchased on October 31, 2011, pursuant to ResMed's Employee Stock Purchase Plan.

Remarks:David Pendarvis11/10/2011

** 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.