FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB Number:	3235-0287
Estimated average burden	
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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 FARRELL PE	of Reporting Person * TER C		2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		tionship of Reporting Person(s all applicable) Director	erson(s) to Issuer 10% Owner Other (specify below)	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/15/2011	X	Officer (give title below)		
RESMED INC.					Executive Chairman	and CEO	
9001 SPECTRUM (Street)	1 CENTER BOULE	VARD	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	idual or Joint/Group Filing (Ch	g Person	
SAN DIEGO	CA	92123			Form filed by More than On	e 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 Ac Disposed Of (D	equired (A)) (Instr. 3,) or 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	11/15/2011		G		200,000(1)	A	\$0	726,959	D	
ResMed Common Stock								3,317	I	Peter C. Farrell April 2010 Annuity Trust
ResMed Common Stock								21,391	I	Peter C. Farrell July 2010 Annuity Trust
ResMed Common Stock								0	I	Peter C. Farrell November 2010 Annuity Trusts
ResMed Common Stock								200,000	I	Peter C. Farrell December 2010 Annuity Trust
ResMed Common Stock								200,000	I	Peter C. Farrell August 2011 Annuity Trust

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		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	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	\$27.58	11/16/2011		A		250,000		11/11/2012 ⁽²⁾	11/16/2018	ResMed Common Stock	250,000	\$0	250,000	D	

Explanation of Responses:

^{1.} Transaction represents a distribution from the Peter C. Farrell November 2010 Annuity Trust (the "Trust") of 200,000 shares to the Peter C. Farrell Trust (of which Dr. Farrell is the Trustee). Per the terms of the trust, 90% of the original value was to be transferred to Dr. Farrell at the end of the first year. Since the value of the stock on the funding date was higher than the current stock price, 100% of the stock was distributed.

 $^{2. \} Represents \ date \ options \ first \ become \ available. \ Options \ vest \ 1/4 \ annually \ until \ fully \ vested.$

Remarks:

Peter C. Farrell

** Signature of Reporting Person Date

11/18/2011

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.