FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

O	MB	AP	PR	O\	/AI

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

Name and Address of Reporting Person* QUINN MICHAEL A			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]		tionship of Reporting Person(s) all applicable) Director	to Issuer	
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/14/2012	A	Officer (give title below)	Other (specify below)	
RESMED INC. 9001 SPECTRUM CENTER BLVD. (Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person			
SAN DIEGO	CA	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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos 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	05/14/2012		M		12,000	A	\$23.095	314,000	D	
ResMed Common Stock	05/14/2012		S		12,000	D	\$33.3016(3)	302,000	D	
ResMed Common Stock	05/14/2012		M		12,000	A	\$9.798	314,000	D	
ResMed Common Stock	05/14/2012		S		12,000	D	\$33.26	302,000	D	
ASX CDIs								400,000(4)	D	
ResMed Common Stock								6,600	I	Kaylara ATF Straflo Pension Fund

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. Transac Code (In 8)				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 Common Stock Options	\$23.095	05/14/2012		М			24,000	11/10/2007 ⁽¹⁾	11/10/2013	ResMed Common Stock	24,000	\$0	0	D	
ResMed Common Stock Options	\$9.7975	05/14/2012		М			24,000	07/07/2004 ⁽²⁾	07/07/2013	24,000	24,000	\$0	12,000	D	

Explanation of Responses:

- $1.\ Represents\ date\ options\ first\ became\ exercisable.\ Options\ vest\ 1/12\ per\ month\ and\ are\ fully\ vested\ at\ one\ year.$
- 2. Represents date options first became exercisable. Options vest 1/3 annually on the anniversary of the grant.
- 3. This transaction was executed in multiple trades at prices ranging from \$33.26 and 33.31. 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. Previously reported as 40,000 NYSE shares. 1 NYSE share is equal to 10 CDIs.

Remarks:

<u>Michael A. Quinn</u> <u>05/16/2012</u>

** 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.