FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Darkin Donald			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]	(Check all a	ship of Reporting Person(s) to applicable) irector	10% Owner Other (specify below)
			3. Date of Earliest Transaction (Month/Day/Year) 11/13/2012	1 X	fficer (give title elow) Pres. SDB SBU	
(Street) SAN DIEGO	,		4. If Amendment, Date of Original Filed (Month/Day/Year)	X Fo	l or Joint/Group Filing (Chec orm filed by One Reporting orm 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)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	11/13/2012		M		5,000	A	\$21.675	44,210	D	
ResMed Common Stock	11/13/2012		S		5,000	D	\$39.618(2)	39,210	D	
ResMed Common Stock	11/14/2012		S		19,210	D	\$39.235(3)	20,000	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. Transac Code (In 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)		Derivative	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	\$21.675	11/13/2012		М			5,000	10/01/2009 ⁽¹⁾	10/01/2015	ResMed Common Stock	5,000	\$0	0	D	

Explanation of Responses:

- $1. \ Represents \ date \ options \ first \ became \ exercisable. \ Options \ vest \ 1/4 \ per \ year \ on \ the \ anniversary \ of \ the \ grant.$
- 2. This transaction was executed in multiple trades at prices ranging from \$39.61 to \$39.62. The price reported above 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.
- 3. This transaction was executed in multiple trades at prices ranging from \$39.08 to \$39.42. The price reported above 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.

Remarks:

<u>Donald Darkin, President, Sleep</u> <u>Disordered Breathing SBU</u> 11/15/2012

** 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.