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

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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 [*] Douglas Robert Andrew			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) RESMED INC.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013	х	Director Officer (give title below) President and COO Re	10% Owner Other (specify below) sMed 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	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)	Transaction Code (Instr.		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	03/04/2013(2)		М		7,500	A	\$21.025	106,830.588	D	
ResMed Common Stock	03/04/2013(2)		S		7,500	D	\$43.44(4)	99,330.588	D	
ResMed Common Stock	03/04/2013(2)		S		500	D	\$43.31	98,830.588	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)				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)	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	\$43.63	03/01/2013		A		46,555		03/01/2014 ⁽¹⁾	03/01/2020	ResMed Common Stock	46,555	\$ <u>0</u>	46,555	D	
ResMed Common Stock Options	\$21.025	03/04/2013 ⁽²⁾		М			7,500	11/07/2008 ⁽³⁾	11/07/2014	ResMed Common Stock	7,500	\$ 0	75,000	D	

Explanation of Responses:

1. Represents date options first become exercisable. Options vest 1/3 per year on the anniversary of the grant.

2. Trade executed pursuant to a 10b5-1 trading plan.

3. Represents date options first became exercisable. Options vest 1/4 per year on the anniversary of the grant.

4. This transaction was executed in multiple trades at prices ranging from \$43.34 to \$43.54. 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:

Robert Douglas, President and 03/05/2013 Chief Operating Officer, ResMed Inc.

** 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.

OMB APPROVAL