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

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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 [*] Sandercock Brett | | | 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) RESMED INC. | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/27/2013 | х | Director Officer (give title below) Chief Financial O | 10% Owner Other (specify below) Officer | |
| 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 | СА | 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 Disposed 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 | 08/27/2013 | | М | | 5,000 | A | \$23.875 | 94,012.16 | D | |
| ResMed Common Stock | 08/27/2013 | | S | | 5,000 | D | \$49 | 89,012.16 | D | |
| ResMed Common Stock | 08/27/2013 | | М | | 20,000 | A | \$15.52 | 109,012.16 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 2. 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 9. Number of 10 11. Nature Conversion Execution Date. Transaction Securities Underlying of Indirect Derivative Derivative Expiration Date Derivative derivative Ownership Date Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Derivative Security (Instr. Securities Form: Direct (D) (Month/Day/Year) Code (Instr. Securities (Month/Day/Year) Beneficial Security Acquired (A) (Instr. 5) Beneficially 8) 3 and 4) Ownership Derivative Security or Disposed o (D) (Instr. 3, 4 Owned Following or Indirect (I) (Instr. 4) (Instr. 4) and 5) Reported Transaction(s) Amount (Instr. 4) or Number Date Expiration Code v (A) (D) Exercisable Date Title of Shares ResMed ResMed NQ 08/27/2013 11/20/2009(1) \$15.52 11/20/2015 20,000 100.000 D Μ 20.000 Commor **\$**0 Stock Options Stock ResMed ResMed NO \$23.875 08/27/2013 5,000 07/07/2007⁽¹⁾ 07/07/2016 5,000 D Μ \$<mark>0</mark> 0 Common Stock Options Stock

Explanation of Responses:

1. Represents date options first became exercisable. Options vest 1/4 each year.

Remarks:

Brett Sandercock, Chief Financial 08/29/2013

Officer ** 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