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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OMB APPROVAL

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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 [*] FARRELL PETER C			2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD]		ionship of Reporting Person(s) to Issuer all applicable)		
(Last)	, , , , , , , ,		3. Date of Earliest Transaction (Month/Day/Year) 06/02/2014		Director Officer (give title below)	10% Owner Other (specify below)	
RESMED INC. 9001 SPECTRUM CENTER BOULEVARD			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			
(Street) SAN DIEGO	СА	92123				5	
(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)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	06/02/2014		M ⁽¹⁾		25,000	A	\$12.468	329,990	D	
ResMed Common Stock	06/02/2014		S ⁽¹⁾		25,000	D	\$49.57(3)	304,990	D	
ResMed Common Stock								200,000	I	Peter C. Farrell Grantor Retained Annuity Trust dated December 2012
ResMed Common Stock								200,000	I	Peter C. Farrell Grantor Retained Annuity Trust dated March 4, 2014

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 (Ir 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	\$12.468	06/02/2014		M ⁽¹⁾			25,000	01/20/2006 ⁽²⁾	01/20/2015	ResMed Common Stock	25,000	\$0	169,204	D	

Explanation of Responses:

1. This transaction was conducted under a 10b5-1 Plan as defined under the Securities Exchange Act of 1934, as amended.

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

3. This transaction was executed in multiple trades at prices ranging from \$49.43 to \$50.23. 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 as effected upon request to the SEC staff, the issuer or the security holder of the issuer.

Remarks:

Peter C. Farrell ** Signature of Reporting Person 06/04/2014 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.