FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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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

1. Name and Address  Douglas Robe	of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]		ionship of Reporting Po all applicable)	erson(s) to Issuer		
(Last) (First) (Middle) RESMED INC.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014	X	Officer (give title below)  President and Co	Other (specify below) OO ResMed Inc.		
9001 SPECTRUM CENTER BLVD.  (Street) SAN DIEGO CA 92123		92123	4. If Amendment, Date of Original Filed (Month/Day/Year)	Form filed by More than One Reporting Person     Form filed by More than One Reporting 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	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	09/02/2014		M <sup>(1)</sup>		7,500	A	\$15.52	46,630.17	I	Douglas Family Trust
ResMed Common Stock	09/02/2014		S <sup>(1)</sup>		7,500	D	\$52.997 <sup>(3)</sup>	39,130.17	I	Douglas Family Trust
ResMed Common Stock	09/02/2014		S <sup>(1)</sup>		500	D	\$53	38,630.17	I	Douglas Family Trust
ResMed Common Stock								86,750.44	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)				Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	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	\$15.52	09/02/2014		M <sup>(1)</sup>			7,500	11/20/2009 <sup>(2)</sup>	11/20/2015	ResMed Common Stock	7,500	\$0	10,000	I	Douglas Family Trust

#### Explanation of Responses:

- 1. The transaction was conducted under a 10b5-1 Plan as defined under the Securities Exchange Act of 1934, as amended.
- $2. \ Represents \ date \ options \ first \ became \ exercisable. \ Options \ vest \ 1/4 \ per \ year \ on \ the \ anniversary \ of \ the \ grant.$
- 3. This transaction was executed in multiple trades at prices ranging from \$52.82 to \$53.40. 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 Chief Operating Officer, ResMed 09/04/2014 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.