FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB Number: | 3235-0287 |
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| 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 <u>Douglas Robe</u> | of Reporting Person* | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | all ap | ip of Reporting Person(s) in plicable) | to Issuer | |
|---|----------------------|----------|--|--|---|--|----------------------------------|--|
| (Last) (First) (Middle) RESMED INC. | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2014 | X | Officer (give title below) President and COO Res | | Other (specify below) SMed Inc. | |
| 9001 SPECTRUM CENTER BLVD. (Street) SAN DIEGO CA 92123 | | 92123 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by 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 | 10/01/2014 | | M ⁽¹⁾ | | 7,500 | A | \$15.52 | 46,630.17 | I | Douglas Family Trust |
| ResMed Common Stock | 10/01/2014 | | S ⁽¹⁾ | | 7,500 | D | \$49.11 | 38,630.17 | I | Douglas Family Trust |
| ResMed Common Stock | 10/01/2014 | | S ⁽¹⁾ | | 500 | D | \$49.11 | 38,130.17 | 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) | | Derivative Expiration Date Securities (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 | | 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 | 10/01/2014 | | M ⁽¹⁾ | | | 7,500 | 11/20/2009 ⁽²⁾ | 11/20/2015 | ResMed Common Stock | 7,500 | \$0 | 2,500 | 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.
- $2. \ Represents \ date \ options \ first \ became \ exercisable. \ Options \ vest \ 1/4 \ per \ year \ on \ the \ anniversary \ of \ the \ grant.$

Remarks:

Robert Douglas, President and Chief Operating Officer, ResMed 10/03/2014 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.