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 PENDARVIS | of Reporting Person * | | 2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|-----------------------|----------------|--|---|---|-----------------------|--|--|--|
| (Last) RESMED INC. | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/03/2014 | x | Officer (give title below) Chief Administrative | Other (specify below) | | | |
| 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 (City) | CA (State) | 92123 (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | ecution Date, Transaction | | 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 | 10/03/2014 | | M ⁽¹⁾ | | 5,000 | Α | \$15.52 | 80,205.69 | D | |
| ResMed Common Stock | 10/03/2014 | | S ⁽¹⁾ | | 5,000 | D | \$49.84 | 75,205.69 | 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (In 8) | | Derivative | | 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) | Owned Following Reported | Ownership | 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 Stock Options | \$15.52 | 10/03/2014 | | M ⁽¹⁾ | | | 5,000 | 11/20/2009 ⁽²⁾ | 11/20/2015 | ResMed Common Stock | 5,000 | \$0 | 3,557 | D | |

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 annually on the anniversary of the grant.

Remarks:



10/06/2014

** 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