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 of Reporting Person *  ROBERTS CHRISTOPHER G			2. Issuer Name <b>and</b> Ticker or Trading Symbol RESMED INC [ RMD ]		ionship of Reporting Person(s) all applicable) Director	to Issuer	
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/04/2015	A	Officer (give title below)	Other (specify below)	
RESMED INC. 9001 SPECTRUM CENTER BLVD.			4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable I     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
(Street) SAN DIEGO	CA	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. 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	02/04/2015		M		7,500	A	\$16.498	111,930	D	
ResMed Common Stock	02/04/2015		M		36,000	A	\$23.875	147,930	D	
ResMed Common Stock	02/04/2015		M		36,000	A	\$15.52	183,930	D	
ResMed Common Stock								269,400	I	Cabbit Pty Ltd
ResMed Common Stock								136,000	I	AceMed Pty Ltd
ResMed Common Stock								23,200	I	Spouse

# 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)	Code (In	Transaction Derivative Code (Instr. Securities		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	\$15.52	02/04/2015		M			36,000	11/20/2009 <sup>(1)</sup>	11/20/2015	ResMed Commmon Stock	36,000	\$0	0.00	D	
ResMed Common Stock Options	\$16.498	02/04/2015		М			7,500	07/01/2006 <sup>(2)</sup>	07/01/2015	ResMed Commmon Stock	7,500	\$0	0	D	
ResMed Common Stock Options	\$23.875	02/04/2015		М			36,000	07/07/2007 <sup>(2)</sup>	07/07/2016	ResMed Commmon Stock	36,000	\$0	0	D	

#### **Explanation of Responses:**

- 1. Represents date options became fully exercisable. These options vested 1/12 per month.
- 2. Represents date options first became exercisable. These ptions vest 1/3 per year on the anniversary of the grant.

### Remarks:

Christopher G. Roberts

02/06/2015

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.