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 FARRELL PE			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
I		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/02/2015	X	Officer (give title below)	Other (specify below)		
RESMED INC.				Chairman of the Board				
9001 SPECTRUM	I CENTER BOULE	VARD	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	idual or Joint/Group Filing (Che	,		
(Street)				Λ	Form filed by One Reporting Form filed by More than One	•		
SAN DIEGO	CA	92123			Form filed by More than One	e 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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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	03/02/2015		M <sup>(1)</sup>		36,000	A	\$15.52	203,864	D	
ResMed Common Stock	03/02/2015		S <sup>(1)</sup>		36,000	D	\$64.635(3)	167,864	D	
ResMed Common Stock								22,783	I	Peter C. Farrell Grantor Retained Trust dated December 2012 <sup>(4)</sup>
Resmed Common Stock								200,000	I	Peter C. Farrell Grantor Retained Annuity Trust dated October 14, 2014 <sup>(4)</sup>

# 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)				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	Form: Direct (D)	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	03/02/2015		M <sup>(1)</sup>			36,000	11/20/2009 <sup>(2)</sup>	11/20/2015	ResMed Commmon Stock	36,000	\$0	13,557	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 available. Options vest 1/4 each year.
- 3. This transaction was executed in multiple trades at prices ranging from \$64.28 to \$65.635. 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.
- 4. Securities held by Larry Poster, Trustee of the Peter C. Farrell Grantor Retained Annuity Trust.

### Remarks:

Peter C. Farrell 02/04/2015

\*\* 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.