## 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 of Reporting Person <sup>*</sup> Douglas Robert Andrew			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>RESMED INC</u> [ RMD ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) RESMED INC.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/02/2015	x	Director Officer (give title below) President and CO	Other (specify below)			
9001 SPECTRUM CENTER BLVD.			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					
(Street)				Form filed by More than One Reporting P					
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. Transaction Code (Instr. 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	10/02/2015		F <sup>(3)</sup>		7,137	D	\$51.67	68,179	D	
ResMed Common Stock	10/05/2015		S <sup>(1)</sup>		500	D	\$52.13	54,838.764	I	Douglas Family Trust
ResMed Common Stock	10/05/2015		<b>M</b> <sup>(1)</sup>		5,833	A	\$19.25	60,671.764	I	Douglas Family Trust
ResMed Common Stock	10/05/2015		<b>S</b> <sup>(1)</sup>		5,833	D	\$52.13 <sup>(4)</sup>	54,838.764	I	Douglas Family Trust

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 Exerci Expiration Da (Month/Day/Yo	te	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	\$19.25	10/05/2015		M <sup>(1)</sup>			5,833	02/03/2007 <sup>(2)</sup>	02/03/2016	ResMed Common Stock	5,833	\$ <b>0</b>	17,503	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.

3. Disposition to issuer for tax withholding upon vesting of performance-based Restricted Stock Units granted on 10/3/2011 and vesting 10/2/2015.

4. This transaction was executed in multiple trades at prices ranging from \$52.08 to \$52.15. 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
 10/07/2015

 Chief Operating Officer, ResMed
 10/07/2015

 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.

OMB APPROVAL