SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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

OMB APPROVAL

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1. Name and Address of Reporting Person [*] Farrell Michael J. (Last) (First) (Middle) RESMED INC. 9001 SPECTRUM CENTER BLVD (Street) SAN DIEGO CA 92123 (City) (State) (Zip)	2. Issuer Name **and** Ticker or Trading Symbol RESMED INC [RMD] 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2016 4. If Amendment, Date of Original Filed (Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) __ Director __ 10% Owner X Officer (give title below) __ Other (specify below) Chief Executive Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person __ Form filed by More than One Reporting Person

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 Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
ResMed Common Stock	03/15/2016		M[1]		5,975	A	$33.7	150,852	D	
ResMed Common Stock	03/15/2016		S[1]		5,975	D	$58.57	144,877	D	
ResMed Common Stock	03/16/2016		A[3]		8,097[4]	A	$0	152,974	D	
ResMed Common Stock	03/16/2016		F[5]		4,226	D	$0	148,748	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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Transaction(s) (Instr. 4)	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				
ResMed Common Stock Options	$33.7	03/15/2016		M[1]			5,975	11/11/2010[2]	11/11/2017	ResMed Commmon Stock	5,975	$0	45,125	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.

3. Shares acquired on vesting of performance-based restricted stock units. The PSUs were granted March 1, 2013, with a three-year performance period. The shares were earned and vested March 16, 2016, when the ResMed compensation committee certified performance.

4. Shares earned, based on performance, at 40% of the target award.

5. Disposition to issuer for tax withholding on vesting of performance-based restricted stock units granted March 1, 2013.

Michael J. Farrell, Chief Executive Officer   03/17/2016

** 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.