FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| ı | Check this box if no longer subject to |
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| l | Section 16. Form 4 or Form 5 obligations |
| I | 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 * PENDARVIS DAVID | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---------|----------|---|---|--|-----------------------|--|--|
| (Last) (First) (Middle) RESMED INC. | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/04/2016 | X | Officer (give title below) Chief Administrative | Other (specify below) | | |
| 9001 SPECTRUM CENTER BLVD. (Street) SAN DIEGO CA 92123 | | 92123 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applica X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (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) | Transaction Code (Instr. | | 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 | | | | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| ResMed Common Stock | 04/04/2016 | | M ⁽¹⁾ | | 6,000 | A | \$33.7 | 80,287 | D | |
| ResMed Common Stock | 04/04/2016 | | S ⁽¹⁾ | | 6,000 | D | \$58.7 | 74,287 | 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. Transac Code (In 8) | | Derivative | | 6. Date Exerci Expiration Da (Month/Day/Yo | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership 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 | \$33.7 | 04/04/2016 | | M ⁽¹⁾ | | | 6,000 | 11/11/2011 ⁽²⁾ | 11/11/2017 | ResMed Common Stock | 6,000 | \$0 | 42,033 | 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.
- $2. \ Represents \ date \ options \ first \ became \ exercisable. \ Options \ vest \ 1/4 \ per \ year \ on \ the \ anniversary \ of \ the \ grant.$

David Pendarvis, Chief Administrative Officer

** Signature of Reporting Person Date

04/05/2016

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.