FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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	OMB Number:	3235-0287
ı	Estimated average burden	
ı	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 * FARRELL PETER C			2. Issuer Name and Ticker or Trading Symbol RESMED INC [ RMD ]		ionship of Reporting Person(s) all applicable) Director	to Issuer 10% Owner	
` ,		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/22/2016		Officer (give title below)	Other (specify below)	
RESMED INC. 9001 SPECTRUM CENTER BOULEVARD		VARD	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	ndividual or Joint/Group Filing (Check Applicable Line)  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)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	12/22/2016		<b>G</b> <sup>(1)</sup>		2,050	D	(1)	315,957	D	
ResMed Common Stock	12/22/2016		<b>G</b> <sup>(2)</sup>		2,050	D	(2)	313,907	D	
ResMed Common Stock	12/23/2016		G <sup>(3)</sup>		2,500	D	(3)	311,407	D	
ResMed Common Stock	12/23/2016		G <sup>(4)</sup>		9,850	D	(4)	301,557	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	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivat Securit Acquire or Disp	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		. Date Exercisable and xpiration Date 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)		

## **Explanation of Responses:**

- 1. Represents a gift to Mercatus Center, Inc. Dr. Farrell has no beneficial interest, control or dispositive power over the gifted shares.
- 2. Represents a gift of shares to Donors Trust, Inc. Dr. Farrell has no beneficial interest, control or dispositive power over the gifted shares.
- 3. Represents a gift of shares to the University of San Diego. Dr. Farrell has no beneficial interest, control or dispositive power over the gifted shares.
- 4. Represents a gift of shares to the Greater Houston Community Foundation. Dr. Farrell has no beneficial interest, control or dispositive power over the gifted shares.

Peter C. Farrell 12/23/2016

\*\* 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.