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 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	s) to Issuer	
(Last) (Filst) (Midule)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/06/2017		Officer (give title below)	Other (specify below)	
RESMED INC. 9001 SPECTRUM CENTER BOULEVARD (Street)		VARD	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable  X Form filed by One Reporting Person  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)	3. Transac Code (Ir 8)					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	03/06/2017	<b>M</b> <sup>(1)</sup>		16,085	A	\$33.7	317,642	D	
ResMed Common Stock	03/06/2017	M <sup>(1)</sup>		3,915	A	\$27.58	321,557	D	
ResMed Common Stock	03/06/2017	S <sup>(1)</sup>		20,000	D	\$71.7(2)	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	3. Transaction Date (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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Resmed Stock Option Plan	\$33.7	03/06/2017	M <sup>(1)</sup>			16,085	11/11/2011 <sup>(3)</sup>	11/11/2017	ResMed Common Stock	16,085	\$0	0	D	
Resmed Stock Option Plan	\$27.58	03/06/2017	M <sup>(1)</sup>			3,915	11/11/2012 <sup>(3)</sup>	11/16/2018	ResMed Common Stock	3,915	\$0	242,460	D	

#### **Explanation of Responses:**

- 1. The transaction was conducted under a Rule 10b5-1 plan.
- 2. This transaction was executed in multiple trades at prices ranging from 71.48 to 71.97. The price reported above represents the weighted average sales price.
- 3. Represents date options first became exercisable. Options vested 1/4 per year.

<u>Peter C. Farrell</u> <u>03/08/2017</u>

\*\* 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.