FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ON	1R	ΑF	PF	SO	/Α

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Sodhi Rajwant		2. Date of Event Requiring Statement (Month/Day/Year) 08/18/2017	3. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]					
(Last) (First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
9001 SPECTRUM BLVD			X	Director Officer (give title below)	10% Owner Other (specify below)		vidual or Joint/Group Filing (Check able Line) Form filed by One Reporting Person	
(Street) SAN DIEGO	CA	92123			President, SaaS Business		A	Form filed by More than One Reporting Person
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Beneficially Owned

, ,	Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
ResMed Common Stock	30,470(1)	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	1		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative (Instr. 5) Security		

Explanation of Responses:

 $1. \ Includes \ unvested \ performance \ shares \ that \ had \ been \ certified \ as \ earned \ prior \ to \ becoming \ an \ officer.$

Rajwant Sodhi

08/23/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).