FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB Number: 3235-0287

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* Sodhi Rajwant (Last) (First) 9001 SPECTRUM BLVD			2. Issuer Name and Ticker or Trading Symbol <u>RESMED INC</u> [RMD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
			3. Date of Earliest Transaction (Month/Day/Year) 11/10/2017	X Officer (give title below) Other (specify below) President, SaaS Business			
(Street) SAN DIEGO CA 92123		92123	4. If Amendment, Date of Original Filed (Month/Day/Year) 11/10/2017	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(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)	Code (Ir	3. 4. Securities Acquired (A) or Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. 8) 6			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	11/10/2017		F		955(1)(7)	D	\$83.06	29,205(2)(3)	D	
ResMed Common Stock	11/10/2017		F		1,704(4)(7)	D	\$83.06	27,501	D	
ResMed Common Stock	11/10/2017		F		1,893(5)(7)	D	\$83.06	25,608	D	
ResMed Common Stock	11/10/2017		F		518(6)(7)	D	\$83.06	25,090	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	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivative		(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	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)		

Explanation of Responses:

1. Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/19/2014.

2. Includes 152 shares of ResMed stock purchased on October 31, 2017, through the ResMed Employee Stock Purchase Plan.

3. Corrects misstatement of shares reported. Certified outstanding shares totaled 6,528 for grant issued 11/19/2015 prior 16-b officer status.

4. Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/19/2015.

5. Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/16/2016.

6. Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 12/16/2013.

7. Amendment adjusts for netted shares using the correct tax rate.

Remarks:

Amends for additional netted shares for appropriate tax rate.

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.

Rajwant Sodhi ** Signature of Reporting Person 12/18/2017 Date

OMB APPROVAL

Estimated average burden hours per response 0.5