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

ı	Check this box if no longer subject to
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 ]		tionship of Reporting Person(s all applicable) Director	n(s) to Issuer	
(Last) (First) (Middle) RESMED INC.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018	X	Officer (give title below)  Chief Administrativ	Other (specify below)  Officer	
9001 SPECTRUM CENTER BLVD.  (Street) SAN DIEGO CA 92123		92123	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	eck Applicable Line)  Ig Person  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)	Transaction Code (Instr.		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)	Beneficial Ownership
			Code	v	Amount	ount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)
ResMed Common Stock	03/05/2018		<b>M</b> <sup>(1)</sup>		2,810	A	\$38.98	97,263	D	
ResMed Common Stock	03/05/2018		S <sup>(1)</sup>		2,810	D	\$94.08	94,453	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)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership	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	\$38.98	03/05/2018		M <sup>(1)</sup>			2,810	11/11/2013 <sup>(2)</sup>	11/15/2019	ResMed Common Stock	2,810	\$0	22,480	D	

## Explanation of Responses:

- 1. The transaction was conducted under a Rule 10b5-1 plan.
- 2. Represents date options first became exercisable. Options vest 1/3 per year.

<u>David Pendarvis, Chief</u> <u>Administrative Officer</u>

03/07/2018

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).