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 Hollingshead J | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | ionship of Reporting Person(s all applicable) Director |) to Issuer |
|--|---------|----------|--|-----------|--|-----------------------|
| (Last) C/O RESMED IN | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/27/2018 | X | Officer (give title below) President, Amer | Other (specify below) |
| 9001 SPECTRUM (Street) SAN DIEGO | CA | 92123 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Filing (Ch Form filed by One Reportin Form filed by More than On | g 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) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 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 | 11/27/2018 | | S | | 5,893 | D | \$105.52(1) | 75,121 | D | |

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

| - 1 | 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | | 5. Num | ber of | 6. Date Exerc | isable and | 7. Title and A | mount of | 8. Price of | 9. Number of | 10. | 11. Nature |
|-----|---------------------|-------------|------------------|------------------|----------|-------|----------|----------|---------------|------------|----------------|-----------|-------------|----------------|----------------|-------------|
| - 1 | Derivative | Conversion | Date | Execution Date, | Transac | tion | Derivat | ive | Expiration Da | ate | Securities U | nderlying | Derivative | derivative | Ownership | of Indirect |
| - 1 | Security (Instr. 3) | or Exercise | (Month/Day/Year) | if any | Code (In | ıstr. | Securit | ies | (Month/Day/Y | 'ear) | Derivative Se | curity | Security | Securities | Form: | Beneficial |
| - 1 | | Price of | | (Month/Day/Year) | 8) | | Acquire | ed (A) | | | (Instr. 3 and | 4) | (Instr. 5) | Beneficially | Direct (D) | Ownership |
| - 1 | | Derivative | | | | | or Disp | osed of | | | | | | Owned | or Indirect | (Instr. 4) |
| - 1 | | Security | | | | | (D) (Ins | tr. 3, 4 | | | | | | Following | (I) (Instr. 4) | |
| - 1 | | | | | | | and 5) | | | | | | | Reported | | |
| - 1 | | | | | | | | | | | | | 1 | Transaction(s) | | |
| - 1 | | | | | | l | | | | | | Amount | | (Instr. 4) | | |
| -1 | | | | | | l | | | | | | or | | | | |
| -1 | | | | | | l | l | | Date | Expiration | | Number | | | | |
| L | | | | | Code | ٧ | (A) | (D) | Exercisable | Date | Title | of Shares | | | | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$105.30 to \$105.80. The price reported above reflects the weighted average sale price.

James R. Hollingshead, President, 11/27/2018 **Americas**

** 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.