

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

☒ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

<p>1. Name and Address of Reporting Person*</p> <p><u>Farrell Michael J.</u></p> <hr/> <p>(Last) (First) (Middle)</p> <p>RESMED INC.</p> <p>9001 SPECTRUM CENTER BLVD</p> <hr/> <p>(Street)</p> <p>SAN DIEGO CA 92123</p> <hr/> <p>(City) (State) (Zip)</p>	<p>2. Issuer Name and Ticker or Trading Symbol</p> <p><u>RESMED INC</u> [RMD]</p> <hr/> <p>3. Date of Earliest Transaction (Month/Day/Year)</p> <p>08/07/2026</p> <hr/> <p>4. If Amendment, Date of Original Filed (Month/Day/Year)</p>	<p>5. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>☒ Director 10% Owner</p> <p>☒ Officer (give title below) Other (specify below)</p> <p>Chairman and CEO</p> <hr/> <p>6. Individual or Joint/Group Filing (Check Applicable Line)</p> <p>☒ Form filed by One Reporting Person</p> <p>Form filed by More than One Reporting Person</p>
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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)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
ResMed Common Stock	08/07/2026		M ⁽¹⁾		4,991	A	\$146.34	471,247	D	
ResMed Common Stock	08/07/2026		S ⁽¹⁾		4,991	D	\$205.6895 ⁽²⁾	466,256	D	
ResMed Common Stock								2,090	I	Lisette and Michael Farrell Family Trust

**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. 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 Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
ResMed Common Stock Options	\$146.34	08/07/2026		M ⁽¹⁾			4,991	11/11/2020 ⁽³⁾	11/21/2026	ResMed Common Stock	4,991	\$0	14,975	D	

Explanation of Responses:

1. The transaction was conducted under a Rule 10b5-1 plan adopted October 31, 2024.
2. This transaction was executed in multiple trades at prices ranging from \$202,410 - \$204,160. The price reported above reflects the weighted average sale price.
3. Represents date options first become exercisable. Options vest 1/3 per year.

/s/ Michael J. Farrell, Chairman
and CEO

08/10/2026

** 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.