## Edgar Filing: MCCARTHY DONAGH - Form 4

MCCARTH	HY DONAGH									
Form 4										
February 15									PROVAL	
FORM	<b>14</b> united	UNITED STATES SECURITIES AND EXCHANGE COMMISSION								
	UNITED	51A1£5 51	Washington			INGE UU	JMIMISSION	OMB Number:	3235-0287	
Check t if no los								Expires:	January 31,	
subject		MENT OF C	CHANGES IN	Estimated average 2005						
Section			SECUI	RITIES			burden hours per			
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
obligati						•	Act of 1934, 1935 or Section			
may con	nunue.		the Investment	•	-	•		l		
<i>See</i> Inst 1(b).	ruction	50(11) 01	ule mvestmen	t Compa		2011240				
(Print or Type	Responses)									
1. Name and	Address of Reporting	Person <u>*</u> 2	2. Issuer Name <b>and</b> Ticker or Trading 5				5. Relationship of Reporting Person(s) to			
MCCARTHY DONAGH			2. issuer raune und riener er ridding				Issuer			
		RESMED INC [RMD]					(Check all applicable)			
(Last)	(First)	(Middle) 3.	Date of Earliest T	ransaction			(Check	an applicable	)	
			(Month/Day/Year)				_X_ Director10% Owner			
	INC., 14040 ON STREET	02	2/14/2007			- t	Officer (give t	itle Othe below)	r (specify	
DANIELS										
(Street)			-				6. Individual or Joint/Group Filing(Check Applicable Line)			
		ГП	ed(Month/Day/Tea	ur)			X_Form filed by O	ne Reporting Per	rson	
POWAY,	CA 92064						Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)								
	. ,		Table I - Non-			_	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3. ta if Transactio			quired (A)	5. Amount of Securities	6. Ownership	7. Nature of Indirect	
Security (Instr. 3)	(Month/Day/Year)	Execution Dat any	Code	Transaction Disposed of (D) Code (Instr. 3, 4 and 5)			Beneficially	Ownership Form:	Beneficial	
· · ·		(Month/Day/Y	(Instr. 8)	× ,		,	Owned		Ownership	
							Following Reported	or Indirect (I)	(Instr. 4)	
					(A)		Transaction(s)	(I) (Instr. 4)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
ResMed				1 mile unit	(2)	11100				
Common	02/14/2007		Μ	32,000	А	\$ 8.5	56,000	D		
Stock										
ResMed						¢				
Common	02/14/2007		S	32,000	D	\$ 49.5994	24,000	D		
Stock						77.3774				

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

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 control number.

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 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. Transacti Code (Instr. 8)	5. Number of orDerivative 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 o Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
ResMed Stock Options	\$ 8.5	02/14/2007		М	32,000	07/02/2000(1)	07/01/2009	ResMed Common Stock	32,000

## **Reporting Owners**

<b>Reporting Owner Name / Addre</b>	PSS	Relationships						
Treporting of the Filmer Filmer	Director	10% Owner	Officer	Other				
MCCARTHY DONAGH RESMED INC. 14040 DANIELSON STREE POWAY, CA 92064	ET X							
Signatures								
Donagh McCarthy	02/14/2007							
<u>**</u> Signature of Reporting Person	Date							

## **Explanation of Responses:**

\* 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).

(1) Options are exercisable 1/3 each year beginning 1 year after date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.