**RESMED INC** Form 4

February 26, 2014

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Number: January 31, Expires: 2005

**OMB APPROVAL** 

**SECURITIES** Form 4 or

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * FARRELL PETER C			2. Issuer Name <b>and</b> Ticker or Trading Symbol RESMED INC [RMD]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last)  RESMED IN CENTER BO			3. Date of Earliest Transaction (Month/Day/Year) 02/24/2014	(Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN DIEGO, CA 92123				Form filed by More than One Reporting Person			

#### SAN DIEGO, CA 92123

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	e Secu	rities Acqu	iired, Disposed o	f, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 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)
ResMed Common Stock	02/24/2014		Code V M	Amount 4,756	(D)	Price \$ 21.025	494,632	D	
ResMed Common Stock	02/24/2014		M	6,443	A	\$ 15.52	501,075	D	
ResMed Common Stock	02/24/2014		M	3,915	A	\$ 25.54	504,990	D	
ResMed Common							200,000	I	Peter C. Farrell

Stock

December 2012
Annuity
Trust

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

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SEC 1474 (9-02)

# 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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		Derivative Expiration Date courities (Month/Day/Year) equired (Month/Day/Year) esposed of (Month/Day/Year) esposed of (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
ResMed Common Stock Options	\$ 21.025	02/24/2014		M		4,756	11/07/2010	11/07/2014	ResMed Common Stock	4,756						
ResMed Common Stock Options	\$ 15.52	02/24/2014		M		6,443	11/20/2012	11/20/2015	ResMed Common Stock	6,443						
ResMed Common Stock Options	\$ 25.54	02/24/2014		M		3,915	12/17/2010	12/17/2016	ResMed Common Stock	3,915						

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

FARRELL PETER C RESMED INC. 9001 SPECTRUM CENTER BOULEVARD SAN DIEGO, CA 92123

 $\mathbf{X}$ 

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## **Signatures**

Peter C. Farrell 02/26/2014

\*\*Signature of Date
Reporting Person

## **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).

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.

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