RESMED INC Form 4 April 25, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

2. Issuer Name and Ticker or Trading

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

ROBERTS CHRISTOPHER G

			RESMED INC [RMD]					(Check all applicable)			
(Last) (First) (Middle) RESMED INC., 9001 SPECTRUM CENTER BLVD.			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2017						X Director 10% Owner Officer (give title below) Other (specify below)		
	(Street)					e Original			6. Individual or Jo	oint/Group Filir	ng(Check
SAN DIEGO, CA 92123			Filed(Month/Day/Year)						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Tab	le I - Non-	-De	erivative S	Securi	ties Acqu	iired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Execution	med on Date, if Day/Year)	3. Transact Code (Instr. 8)	tior)	4. Securit n(A) or Dis (Instr. 3, 4)	sposed	of (D)	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	04/24/2017			M(1)		24,390	A	\$ 33.7	170,000	D	
ResMed Common Stock	04/24/2017			M(1)		28,403	A	\$ 27.58	198,403	D	
ResMed Common Stock									298,900	I	Cabbit Pty Ltd
ResMed Common									136,000	I	AceMed Pty Ltd

Stock

ResMed

Common 23,200 I Spouse

Stock

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.

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. Transactio Code (Instr. 8)	5. Number of on 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
ResMed Common Stock Options	\$ 33.7	04/24/2017		M <u>(1)</u>	24,390	11/11/2011(2)	11/11/2017	ResMed Common Stock	24,39
ResMed Common Stock Options	\$ 27.58	04/24/2017		M <u>(1)</u>	28,403	11/11/2012 <u>(2)</u>	11/11/2018	ResMed Common Stock	28,40

Reporting Owners

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

Director 10% Owner Officer Othe

ROBERTS CHRISTOPHER G RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123

X

Signatures

Christopher G.

Roberts 04/25/2017

Date

Reporting Owners 2

**Signature of 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).
- (1) Transaction approved to exercise options and hold shares acquired through purchase.
- Options vest in full on (i) the first November 11 following the grant date, or (ii) the first annual shareholder's meeting following grant date.

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.

Signatures 3