Douglas Robert Andrew Form 4 November 26, 2018

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

OMB 3235-0287 Number: January 31,

**OMB APPROVAL** 

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Douglas Robert Andrew |         |          | 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)                                                          | (First) | (Middle) | 3. Date of Earliest Transaction                                     | (Check an applicable)                                                                                |  |  |  |
| RESMED INC                                                      | •       | ECTRUM   | (Month/Day/Year)<br>11/21/2018                                      | Director 10% Owner _X_ Officer (give title Other (specify below)  President and COO ResMed Inc.      |  |  |  |
| (Street)                                                        |         |          | 4. If Amendment, Date Original                                      | 6. Individual or Joint/Group Filing(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) Tabl                                                  | e I - Non-I                             | Derivative                         | Secur            | ities Acqui  | red, Disposed of,                                                | or Beneficiall                            | y Owned                                               |
|--------------------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------------------|------------------------------------|------------------|--------------|------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securition Dispose (Instr. 3, 4 | ed of (          |              | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                      |                                         |                                                             | Code V                                  | Amount                             | (A)<br>or<br>(D) | Price        | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                   | (I)<br>(Instr. 4)                         |                                                       |
| ResMed<br>Common<br>Stock            | 11/21/2018                              |                                                             | A                                       | 68,958<br>(1)                      | A                | \$<br>104.18 | 124,763                                                          | D                                         |                                                       |
| ResMed<br>Common<br>Stock            | 11/21/2018                              |                                                             | F                                       | 38,465<br>(2)                      | D                | \$<br>104.18 | 86,298                                                           | D                                         |                                                       |
| ResMed<br>Common<br>Stock            |                                         |                                                             |                                         |                                    |                  |              | 109,222                                                          | I                                         | Douglas<br>Family<br>Trust                            |

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

#### Edgar Filing: Douglas Robert Andrew - Form 4

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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 | 2. Conversion                                     | 3. Transaction Date (Month/Day/Year) |                      | 4.<br>Transactio | 5.<br>orNumber                                                                | 6. Date Exerc<br>Expiration Da |                    | 7. Titl |                                        | 8. Price of Derivative | 9. Nu<br>Deriv                                            |
|------------------------|---------------------------------------------------|--------------------------------------|----------------------|------------------|-------------------------------------------------------------------------------|--------------------------------|--------------------|---------|----------------------------------------|------------------------|-----------------------------------------------------------|
| Security (Instr. 3)    | or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Teal)                     | any (Month/Day/Year) | Code (Instr. 8)  | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/                    |                    | Under   | lying                                  | Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |                                                   |                                      |                      | Code V           | (A) (D)                                                                       | Date<br>Exercisable            | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |                        |                                                           |

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Douglas Robert Andrew RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123

President and COO ResMed Inc.

### **Signatures**

Robert Douglas, President and Chief Operating Officer, ResMed Inc.

11/26/2018

\*\*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).
- Represents performance-based restricted stock units granted on November 19, 2015. The shares were earned on November 21, **(1)** 2018, when the compensation committee certified that the performance metrics were met.
- **(2)** Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/19/2015.

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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