RESMED INC Form 4/A March 24, 2015

### FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Form 4 or 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

burden hours per response... 0.5

Estimated average

1(b).

(Print or Type Responses)

1. Name and Ac Farrell Micha		-	2. Issuer Name a Symbol RESMED INC	and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest (Month/Day/Year	(Check all applicable)  Director 10% Owner				
RESMED IN CENTER BI			03/16/2015	,	X_ Officer (give title Other (specification)  Chief Executive Officer			
	(Street)		4. If Amendment,	Date Original	6. Individual	or Joint/Grou	ıp Filing(Check	
SAN DIEGO	o, CA 92123		Filed(Month/Day/Y 03/18/2015	'ear)	Applicable Lin _X_ Form filed Form filed Person	by One Repor		
(City)	(State)	(Zip)	Table I - No	n-Derivative Securities Acq	uired, Dispose	ed of, or Ben	eficially Owned	
1.Title of	2. Transaction l	Date 2A. Deeme	ed 3.	4. Securities Acquired	5. Amount o	of 6.	7. Natur	

(City)	(State)	Tabl	le I - Non-I	<b>Derivative</b>	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y 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)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Price			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	03/16/2015		M <u>(1)</u>	300	A	\$ 21.675	122,655.941	D	
ResMed Common Stock	03/16/2015		S(1)	300	D	\$ 69.1	122,355.941	D	
ResMed Common Stock	03/16/2015		M <u>(1)</u>	5,675	A	\$ 15.52	128,030.941	D	
ResMed Common	03/16/2015		S <u>(1)</u>	5,675	D	\$ 69.1	122,355.941	D	

Stock

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. Transactio Code (Instr. 8)	omf Derivative		or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and An Underlying Sec (Instr. 3 and 4)	curities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share		
ResMed Common Stock Options	\$ 21.675	03/16/2015		M <u>(1)</u>		300	10/01/2009(2)	10/01/2015	ResMed Common Stock	300		
ResMed Common Stock Options	\$ 15.52	03/16/2015		M <u>(1)</u>		5,675	11/20/2009	11/20/2015	ResMed Commmon Stock	5,67		

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Futures	Director	10% Owner	Officer	Other				
Farrell Michael J. RESMED INC. 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123			Chief Executive Officer					

## **Signatures**

Michael J. Farrell, Chief Executive
Officer 03/24/2015

\*\*Signature of Reporting Person Date

Reporting Owners 2

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#### **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) The transaction was conducted under a 10b5-1 Plan as defined under the Securities Exchange Act of 1934, as amended.
- (2) Represents date options first became exercisable. Options vest 1/4 annually.

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.