## Edgar Filing: RESMED INC - Form 4

DEGMED DIC

Form 4											
January 10, 2 FORM	1	STATES					NGE C	OMMISSION	-	PROVAL	
Check this box if no longer				hington,			NEDSHIDOE	Number: Expires:	3235-0287 January 31, 2005		
subject to STATEMENT OF CHAN Section 16. Form 4 or				GES IN BENEFICIAL OWNERSH SECURITIES					Estimated average burden hours per response		
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a	a) of the H	Public Ut		ding Con	npany	y Act of	e Act of 1934, 1935 or Section 0	·		
(Print or Type R	esponses)										
FARRELL PETER C Symbol			Symbol	Name and		Tradii	ng	5. Relationship of Reporting Person(s) to Issuer			
		r. 1 11 \		D INC [I	_			(Chec	k all applicable	)	
			of Earliest Transaction Day/Year) 2005				X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer				
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
POWAY, CA	A 92064								lore than One Re		
(City)	(State) (	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/D	n Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d 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)		
ResMed Common Stock	01/10/2005(1)			Code V $S_{(1)}^{(1)}$	Amount 2,000 (1)	(D) D (1)	Price \$ 50.37	(inst. 9 and 4) 667,786	D		

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)

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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)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Toporoing o whore round , round ass	Director	10% Owner	Officer	Other			
FARRELL PETER C 14040 DANIELSON STREET POWAY, CA 92064	Х		Chief Executive Officer				
Signatures							
$\mathbf{D}_{\mathbf{r}} \mathbf{f}_{\mathbf{r}} = \mathbf{C} \cdot \mathbf{F}_{\mathbf{r}} = \mathbf{I} \mathbf{I} $	10/2005						

Peter C. Farrell	01/10/2005
**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) All transactions performed pursuant to an existing 10b5-1 plan.

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.