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RESMED II Form 4	NC										
February 26	, 2016										
FORM	лл								OMB AF	PROVAL	
		SECURITIES AND EXCHANGE COMM Washington, D.C. 20549					OMB Number:	3235-0287			
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr	ger o 16. or ^{ons} tinue. Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires: January 31, 2005 Estimated average burden hours per response 0.5	
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Reiser Anne			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]				ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of	f Earliest T	ransaction			(Check all applicable)			
RESMED I CENTER F	INC., 9001 SPEC BLVD.	CTRUM	(Month/I 02/23/2	-				Director X Officer (give below) President		Owner r (specify ope	
F			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 Form filed by More than One Reporting 			
SAN DIEG	O, CA 92123							Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Yransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			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				Coue V	Amount	(D)					
Common Stock	02/23/2016			М	3,000	А	\$ 20.355	79,300.126	D		
ResMed Common Stock	02/23/2016			F <u>(2)</u>	1,054 (2)	D	\$ 57.94	78,246.126	D		

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

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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 on f 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 of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Shares
ResMed Common Stock Options	\$ 20.355	02/23/2016		М	3,000	02/23/2009 <u>(1)</u>	02/23/2016	ResMed Commmon Stock	3,00

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
Reiser Anne RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123			President - ResMed Europe			
Signatures						
Anne Reiser, 0	2/25/2016					

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) Represents date options first became exercisable. Options vest 1/4 each year on the anniversary of the grant.

Date

(2) Disposition to issuer for payment of cost of equity security by netting of shares from expiring stock options granted on 2/23/2016.

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.

President-Europe

**Signature of Reporting Person