Edgar Filing: RESMED INC - Form 4

| RESMED IN | NC | | | | | | | | | | |
|--|--|-------------------|---|--------------|------------|------------------------------|----------------|--|---|---|--|
| Form 4 | | | | | | | | | | | |
| August 15, 2 | | | | | | | | | | | |
| FORM | SECUE | TTIFS A | ND FY | снл | NGF C | COMMISSION | | PROVAL | | | |
| | UNITED | SIAILS | | shington, | | | | | OMB Number: | 3235-0287 | |
| Check th | | 8, | Expires: | January 31, | | | | | | | |
| if no long subject to Section 1 Form 4 c | F CHAN | GES IN I SECUR | Estimated average burden hours per response 0. | | | | | | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | · | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Farrell Michael J. | | | 2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (| Middle) | 3. Date of Earliest Transaction | | | | (Chec | k all applicable | e) | | |
| RESMED INC., 9001 SPECTRUM CENTER BLVD | | | (Month/Day/Year) 08/15/2016 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer | | | |
| (Street) | | | 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 | lore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Executio any | | | (Instr. 3, | ispose 4 and (A) or | 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 | | | | Code V | Amount | (D) | Price | | | | |
| Common Stock | 08/15/2016 | | | M <u>(1)</u> | 5,975 | А | \$ 33.7 | 154,814 <u>(1)</u> | D | | |
| ResMed Common Stock | 08/15/2016 | | | S <u>(1)</u> | 5,975 | D | \$ 70.41 | 148,839 | 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.

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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. Transactio Code (Instr. 8) | 5. Number prof 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 or Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|-----------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amou or Numb of Share |
| ResMed Common Stock Options | \$ 33.7 | 08/15/2016 | | M <u>(1)</u> | 5,975 | 11/11/2011 <u>(2)</u> | 11/11/2017 | ResMed Commmon Stock | 5,97 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|-------------------------|-------|--|--|--|
| | 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 | | 08/15/2016 | | | | | |
| **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) The transaction was conducted under a Rule 10b5-1 plan.
- (2) Represents date options first became exercisable. Options vest 1/4 per year.

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.