## Edgar Filing: RESMED INC - Form 4

RESMED IN Form 4										
<b>FORM</b> Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin	Section 16.SECURITIESForm 4 orForm 5Form 5Filed 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 SectionSee Instruction30(h) of the Investment Company Act of 1940							Number:3235-0287Number:January 31Expires:2005Estimated averageburden hours perresponse0.5		
(Print or Type Ro	esponses)									
1. Name and Ac TAYLOR RO	r Name <b>and</b> ED INC [R		Fradin	g	5. Relationship of Reporting Person(s) to Issuer					
(Last) RESMED IN CENTER BL	Earliest Transaction ay/Year) )16				(Check all applicable) X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street) 4. If Amen Filed(Mont				-			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
SAN DIEGO		Zip) Tab		• .• .			Person			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	- 1a0	<ul> <li>A Securities Action</li> <li>4. Securities</li> <li>TransactionAcquired (A) or</li> <li>Code Disposed of (D)</li> <li>(Instr. 8) (Instr. 3, 4 and 5)</li> <li>(A) or</li> <li>Code V Amount (D) Price</li> </ul>				quired, Disposed of 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	
ResMed Common Stock	11/16/2016		А	4,429 (1)	А	\$0	23,645	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)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	int of lying	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**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other TAYLOR RONALD R **RESMED INC.** Х 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123 Signatures Ronald R. 11/17/2016 Taylor \*\*Signature of Date Reporting Person

## **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) Shares awarded represent Restricted Stock Units. The RSUs cliff vest on the earlier of 11/11/2017, or the annual shareholder's meeting in the year following the grant date.

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.