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DECMED INC

RESMED I Form 4	NC										
April 06, 20	17										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	UNITED STA		RITIES A Ashington			NGE CO	DMMISSION	OMB Number:	3235-0287		
Check th if no lon subject t Section	ger STATEMEN	x STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							Expires: January 31, 2005 Estimated average burden hours per		
Solution 10.Solution 10.Solution 10.Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationssection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
1. Name and A FARRELL	uer Name and Ticker or Trading I MED INC [RMD]				5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (Middle		3. Date of Earliest Transaction				(Check all applicable)				
(Month			onth/Day/Year) . /04/2017				X_ Director 10% Owner Officer (give title Other (specify below) below)				
	nendment, Date Original Ionth/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	ore than one Re	porting		
(City)	(State) (Zip)	Tal	ole I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	. ,			
ResMed Common Stock	04/04/2017		M <u>(1)</u>	20,000	A	\$ 27.58	321,557	D			
ResMed Common Stock	04/04/2017		S <u>(1)</u>	20,000	D	\$ 70.668 (2)	301,557	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. Transactio Code (Instr. 8)	5. Number of onDerivative 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 c Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Share
Resmed Stock Option Plan	\$ 27.58	04/04/2017		M <u>(1)</u>	20	0,000	11/11/2012(3)	11/16/2018	ResMed Common Stock	20,00

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
FARRELL PETER C RESMED INC. 9001 SPECTRUM CENTE SAN DIEGO, CA 92123	R BOULEVARD	Х						
Signatures								
Peter C. Farrell	04/06/2017							

**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).
- The transaction was conducted under a Rule 10b5-1 plan. (1)
- This transaction was executed in multiple trades at prices ranging from 70.42 to 71.14. The price reported above represents the weighted (2)average sales price.
- (3) Represents date options first became exercisable. Options vested 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.