Edgar Filing: PENDARVIS DAVID - Form 4

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Form 4	SDAVID										
October 12, 2	2017										
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION		PPROVAL 3235-0287		
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	Section 16 Public Uti	CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ection 16(a) of the Securities Exchange Act of 1934, ablic Utility Holding Company Act of 1935 or Section f the Investment Company Act of 1940						January 31, 2005 average irs per 0.5			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> PENDARVIS DAVID			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]					5. Relationship of Reporting Person(s) to Issuer			
(Last) RESMED II CENTER B	3. Date of Earliest Transaction (Month/Day/Year) 10/10/2017					(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title Other (specify below) below) Chief Administrative Officer					
				ndment, Date Original th/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 Person 			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	arity (Month/Day/Year) Execution Date, if		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			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 Common Stock	10/10/2017			A <u>(1)</u>	3,463	A	\$ 0	90,271	D		
ResMed Common Stock	10/10/2017			A <u>(2)</u>	3,932	А	\$ 0	94,203	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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PENDARVIS DAVID RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123			Chief Administrative Officer					
Signatures								
David Pendarvis, Chief Administrative Officer	ef Administrative		10/12/2017					
**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).

Represents performance-based restricted stock units granted on November 19, 2015. The shares were earned on October 10, 2017, when the compensation committee certified that the performance metrics were met for this portion of the grant. The earned units remain subject to time-vesting requirements, and are scheduled to vest on the three-year anniversary of the grant, assuming continued service through the vesting date.

Represents performance-based restricted stock units granted on November 16, 2016. The shares were earned on October 10, 2017, when the compensation committee certified that the performance metrics were met for this portion of the grant. The earned units remain subject

(2) the compensation commutee certified that the performance metrics were metric this portion of the grant. The canned this remain subject to time-vesting requirements, and are scheduled to vest on the three-year anniversary of the grant, assuming continued service through the vesting 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.