## Edgar Filing: Hollingshead James - Form 4

Hollingshead	d James											
Form 4												
July 03, 2018	8											
FORM	14					~~~				PROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION							COMMISSION	OND	3235-0287			
Check th	is box		Was	shington,	D.C. 20	549			Number:	January 31,		
if no longer				CESINI	DENIEFI		LOW	NEDSHID OF	Expires:	2005		
subject to	)		T CHAN		GES IN BENEFICIAL OWNERSHIP OI SECURITIES					Estimated average		
Section 1 Form 4 o		5.							burden hours per response 0.5			
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						165p01156	0.5			
obligatio	ns Section	-					-	1935 or Section	n			
may cont See Instru	inue.		) of the In	•	•	· ·						
1(b).					_							
(Print or Type I	Responses)											
1 Name and A	ddress of Report	ing Person *	<b>2</b> I	N	TT: 1	т I'		5. Relationship of	Reporting Pers	on(s) to		
1. Name and Address of Reporting Person * Hollingshead James2. Issuer Symbol				r Name <b>and</b> Ticker or Trading				Issuer	Reporting 1 ers	011(3) 10		
			-	ED INC [F	2MD1							
		<b>AC11</b>		-	-			(Chec	k all applicable	)		
(Last)	(First)	(Middle)		Earliest Tr	ansaction			Director	10%	Owner		
C/O RESMED INC., 9001 07/02/20			nth/Day/Year) 12/2018				Officer (give title Other (specify					
	A CENTER B		0110212	010				below) Presider	below) nt, Sleep Busin	200		
			4 70 1						-			
			endment, Date Original nth/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>					
Filed(Mon												
SAN DIEG	O, CA 92123							Form filed by M	Iore than One Re			
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	(Month/Day/Year) Execution Date, if				•		Securities	Form: Direct	Indirect Beneficial		
(Instr. 5)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				3)	Beneficially Owned	(D) or Indirect (I)	Ownership		
		(						Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
DecMad				Code V	Amount	(D)	Price ¢	, , , , , , , , , , , , , , , , , , , ,				
ResMed Common	07/02/2018			<b>S</b> (1)	600	D	\$ 102.8	60,263 <u>(1)</u>	D			
Stock	01102/2010			<u>5</u>	000	D	(1)	00,203 ()	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
D				Rela	ationships						

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<b>Reporting Owner Name / Address</b>			Relationships			
Fg	Director	10% Owner	Officer	Other		
Hollingshead James C/O RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123			President, Sleep Business			
Signatures						
James R. Hollingshead, President, Slev Business	ер	07/0	3/2018			

\*\*Signature of 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) The transaction was conducted under a Rule10b5-1 Plan.

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.

Date