## Edgar Filing: Sandercock Brett - Form 4

Sandercock H	Brett										
Form 4	010										
January 31, 2											
FORM	4 UNITE	D STATES					NGE (	COMMISSION		9PROVAL 3235-0287	
if no long subject to Section 10 Form 4 or Form 5 obligatior may conti	Section 16. Form 4 or Form 5 obligations may continue. See Instruction 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						Expires:January 31, 2005Estimated average burden hours per response0.5				
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> Sandercock Brett			2. Issuer Name <b>and</b> Ticker or Trading Symbol RESMED INC [RMD]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) RESMED IN CENTER BI	(First) NC., 9001 SPE LVD.	(Middle)	3. Date of (Month/D 01/30/20	-	ansaction			Director X Officer (give below)	10%	9 Owner er (specify	
				. If Amendment, Date Original ïiled(Month/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>			
SAN DIEGO	D, CA 92123							Form filed by N Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	on(A) or Di (D)	4 and (A) or	d 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)		
ResMed Common	01/30/2019			S <u>(1)</u>	3,000	D	\$ 92.3	91,390	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Stock

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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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							
r 8 - 1	Director	10% Owner	Officer	Other				
Sandercock Brett RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123			Chief Financial Officer					
Signatures								
Brett Sandercock, Chief Financial Officer		01/31/2019						
**Signature of Reporting Person		Date						
Explanation of Responses:								

## 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.

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.