Edgar Filing: Sandercock Brett - Form 4

Sandercock H	Brett										
Form 4 March 04, 20	10										
	-								OMB A	PPROVAL	
FORM	4 UNITE	D STATES		ITIES Al hington, 1			NGE	COMMISSION		3235-0287	
subject to			F CHAN	CHANGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Expires: Estimated		
Section 10 Form 4 or		SECURITIES						burden hours per response			
Form 5 obligatior may conti <i>See</i> Instru 1(b).	Is Section 1	7(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	·	0.5	
(Print or Type R	lesponses)										
Sandercock Brett S			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]				g	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		Earliest Tra	-			(Chec	ck all applicable	e)	
. ,	NC., 9001 SPE	, ,	(Month/Da 02/28/20	ay/Year)	linsaction			Director <u>X</u> Officer (give below) Chief		6 Owner er (specify cer	
			Amendment, Date Original d(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
SAN DIEGO	D, CA 92123							Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Execution any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8) Code V	Disposed	l (A) o l of (D 4 and (A) or)	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	02/28/2019			S <u>(1)</u>	3,000	D	ф 103	88,390	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	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		

Reporting Owners

Reporting Owner Name / Address	Relationships							
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	(03/04/2019						
**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.