Edgar Filing: RESMED INC - Form 4

RESMED IN	C										
Form 4											
May 02, 2003	5										
FORM	4		~ ~ ~ ~ ~ ~ ~							PPROVAL	
Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check this box if no longer									Expires: January		
subject to	subject to STATEMENT OF CHANGE				ES IN BENEFICIAL OWNERSHIP				Estimated average		
Section 1 Form 4 or		SECURITIES					burden hours per				
Form 5		nursuant to	Section 10	5(a) of the	- Securit	ies F	vehand	ge Act of 1934,	response	0.5	
obligatior	¹⁸ Section 1	•						f 1935 or Sectio	m		
may conti <i>See</i> Instru	inue.) of the In	•	•	· ·			,11		
1(b).	letion		,		1	5					
(Print or Type R	(esponses)										
1 Nama and A	ddrass of Doporti	ing Derson *	. .		T . 1	 1'		5 Deletionship of	f Doporting Dor	son(s) to	
1. Name and Address of Reporting Person *2. IssueFARRELL PETER CSymbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	Libite		-	D INC [F	וחאפ						
		(A.C. 1.11.)			-			(Chee	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)X_ D				X Director	10%	Owner		
			05/02/20	-				XOfficer (give title Other (specify			
			00102120					below) Chief	below) Executive Offic	er.	
	(Streat)		4 10 4	1 (D							
			Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 med (wion	ui/Day/1eal))			_X_ Form filed by	One Reporting Pe	erson	
POWAY, C.	A 92064							Form filed by I Person	More than One Re	eporting	
(City)	(Stata)	(7:n)									
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Aco	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction		1					6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	ear) Executi any	on Date, if	Code	on(A) or D: (D)	ispose	d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(instit o)		•			r. 8) (Instr. 3, 4 and 5)			Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
ResMed				Coue V							
Common	05/02/2005(1	1)		S <u>(1)</u>	2,000	\mathbf{D}	\$	635,786	D		
Stock					(1)	(1)	62.3				

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)

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FARRELL PETER C 14040 DANIELSON STREET POWAY, CA 92064	Х		Chief Executive Officer				
Signatures							
	00/0005						

Peter C. Farrell	05/02/2005
<u>**</u> Signature of	Date
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) All transactions performed pursuant to an existing 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.