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RESMED I	NC										
Form 4											
November	14, 2006										
FORM	ЛД								PPROVAL		
Washington, D.C. 20549							N OMB Number:	3235-0	287		
Check t								Expires:	January		
if no longer subject to Section 16. Form 4 or						WNERSHIP OF	Estimated burden hou response	average urs per	005 0.5		
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the P	ublic U	Jtility Hol	lding Co		nge Act of 1934, of 1935 or Secti 940	on			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> WAREHAM JOHN P			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]				5. Relationship of Reporting Person(s) to Issuer				
(Last)						(Che	eck all applicabl	e)			
4300 N. HARBOR BLVD			(Month/Day/Year) 11/14/2006				_X_Director10% Owner Officer (give titleOther (specify below) below)				
FULLERT	(Street) ON, CA 92834-3			endment, D onth/Day/Yea	-	al		-	Person		
	011, 011 7203 1 3						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, Amount	(A) or of (D)	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 o Indirect Beneficial Ownership (Instr. 4)		
						(_)					
Reminder: Re	port on a separate line	e for each cla	ss of sec	urities bene	•	•	•				
					inforr requi	nation cont red to respo ays a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible :	Beneficially Owner securities)	1			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Dav/Year)	(Instr. 8)	Acquired		

	Derivative Security			 (A) or Disposed of (D) (Instr. 3, 4, and 5) 							
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
ResMed Common Stock Options	\$ 46.19	11/10/2006	А		6,000		11/10/2007 <u>(1)</u>	11/09/2013	ResMed Common Stock	6,000	
Renor	tina Ow	Reporting Owners									

Reporting Owners

<u>**</u>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).
- Options vest 1/12 each month, although vested options cannot be exercised for 1 year from the date of grant, unless directorship (1) terminates.

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.