## Edgar Filing: RESMED INC - Form 4

RESMED II Form 4 January 03,	2011								OMB	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								ОМВ	3235-0287			
Check th	iis box	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES							Number:	January 31,		
if no lon subject t Section Form 4 o Form 5	o <b>STATEME</b> . 16. or								Expires: Estimated burden ho response.	2005 average burs per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to 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												
(Print or Type	Responses)											
1. Name and A FARRELL	. Issuer Name <b>and</b> Ticker or Trading mbol ESMED INC [RMD]					5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (Mide		e of Earliest '	-	-			(Check all applicable)				
(Last) (Pilst) (Widdle) 3. Date of (Month/D RESMED INC., 9001 SPECTRUM 12/30/20 CENTER BOULEVARD					isaction			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Executive Chairman				
(Street) 4. If Ame Filed(Mon SAN DIEGO, CA 92123					Original			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City) (State) (Zip) Table				-Dei	rivative S	ecurit	ties Aco	uired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	(Month/Day/Year) E	ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securiti (A) or Dis (D) (Instr. 3, 4	posed and 5 (A)	of	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	V	Amount	or (D)	Price	(Instr. 3 and 4)				
ResMed Common Stock	12/30/2010		G <u>(1)</u>	V 1	11,268	D	\$0	321,962	D			
ResMed Common Stock	12/30/2010		G <u>(2)</u>	V Ś	5,634	D	\$0	316,328	D			
ResMed Common Stock								200,000	I	Peter C. Farrell April 2010 Annuity Trust		

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ResMed Common Stock						200,000	I		Peter Farre 2010 Annu Trust	ll July uty	
ResMed Common Stock						200,000	I		Peter Farre Nove 2010 Annu Trust	ll ember iity	
Reminder: R	Report on a sep	parate line for each cla	ss of securities benef	-	-	-					
				inform require	ation con ed to resp ys a curre	spond to the tained in thi ond unless ntly valid O	is form are the form	not	SEC 14 (9-(		
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)	3A. Deemed Execution Date, if any (Month/Day/Year)	TransactionNumber		Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
R	eporting Owr	ner Name / Address	Director	10% Own	<b>Relation</b> ter Office	-	Ot	her			
RESMED 9001 SPE		ENTER BOULE	/ARD X		Exe	cutive Chai	rman				

## Signatures

Peter C. Farrell

01/03/2011

**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).
- (1) Transaction is a gift to the Farrell Family Foundation, a California 501(c)3 charitable organization founded by Peter Farrell.
- (2) Transaction is a charitable gift to the San Diego Foundation (crediting the Farrell Family Fund).
- (3) Funded as a gift from the Peter C. Farrell Family Trust on November 15, 2010, with a distribution date of November 15, 2011.

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.