Edgar Filing: Farrell Michael J. - Form 4

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Form 4											
FORM 4 UNITED STATES SE								-	OMB APPROVAL		
-	UNITE	D STATES		ITIES Al hington, 1			COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 10 Form 4 or	s box er 6. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31,Expires:2005Estimated averageburden hours perresponse0.5			
Form 5 obligation may conti <i>See</i> Instru 1(b).	nue. Section	7(a) of the	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectior of the Investment Company Act of 1940					on			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u></u> Farrell Michael J.			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
		AC1 11 \		D INC [R	-		(Che	ck all applicable	e)		
(Last) RESMED IN CENTER BI	^(First) NC., 9001 SPE LVD	(Middle)	3. Date of (Month/Da 03/01/20	•	insaction		Director X Officer (giv below) Chief		6 Owner er (specify cer		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
SAN DIEGO), CA 92123						Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
ResMed Common Stock				Code V	Amount	(D) Price	(Instr. 3 and 4) 86,795.806	D			

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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
ResMed Common Stock Options	\$ 43.63	03/01/2013		А	93,110	03/01/2014 <u>(1)</u>	03/01/2020	ResMed Common Stock	93,11

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 5	Director	10% Owner	Officer	Other			
Farrell Michael J. RESMED INC. 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123			Chief Executive Officer				
Signatures							
Michael J. Farrell, Chief Executive Officer		03/05/2013					
<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).

(1) Represents date options first become exercisable. Options vest 1/4 each year on the anniversary of the grant.

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.