#### Edgar Filing: RESMED INC - Form 4

| RESMED IN  | C  |  |   |   |              |           |                                |   |   |   |  |  |
|--|--|--|---|---|--------------|-----------|--------------------------------|---|---|---|--|--|
| Form 4<br>November 15  | 5. 2013  |  |   |   |              |           |                                |   |   |   |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549   |  |  |   |   |              |           |                                | PPROVAL<br>3235-0287  |   |   |  |  |
| Check this<br>if no long<br>subject to<br>Section 10<br>Form 4 or<br>Form 5<br>obligation<br>may conti<br><i>See</i> Instru<br>1(b). | er <b>STAT</b><br>5.<br>Filed p<br><sup>15</sup> Section 1 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |   |   |              |           |                                |   |   | January 31<br>2005<br>average<br>Irs per<br>0.5 |  |  |
| (Print or Type R   | esponses)  |  |   |   |              |           |                                |   |   |   |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Burt Carol   |  |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol |   |              |           |                                | 5. Relationship of Reporting Person(s) to Issuer  |   |   |  |  |
|  |  |  | RESMED INC [RMD]                                      |   |              |           |                                | (Check all applicable)  |   |   |  |  |
| (Last) (First) (Middle)<br>RESMED INC., 9001 SPECTRUM<br>CENTER BOULEVARD  |  |  | 11/13/2013 -  |   |              |           |                                | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)  |   |   |  |  |
|  |  |  |   | nendment, Date Original<br>(onth/Day/Year)  |              |           |                                | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |   |   |  |  |
| SAN DIEGO  | ), CA 92123  |  |   |   |              |           |                                | Form filed by M<br>Person   | More than One Ro  | eporting  |  |  |
| (City)   | (State)  | (Zip)  | Table   | I - Non-Do  | erivative S  | ecuri     | ties Ac                        | quired, Disposed of   | f, or Beneficia   | lly Owned                                       |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | any  |  | emed<br>on Date, if<br>/Day/Year)                     | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) |              |           | SecuritiesIBeneficially(OwnedI | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>Instr. 4)   | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |  |
| ResMed   |  |  |   | Code V  |              | or<br>(D) | Price                          | (Instr. 3 and 4)  |   |   |  |  |
| Common<br>Stock  | 11/13/2013   |  |   | А   | 4,975<br>(1) | А         | \$0                            | 4,975   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |                     | ate                | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|---|--|---|--|
|   |   |   |   | Code V                                | 4, and 5)<br>(A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |

Relationships

10% Owner Officer

Other

# **Reporting Owners**

Reporting Owner Name / Address

Burt Carol RESMED INC. 9001 SPECTRUM CENTER BOULEVARD SAN DIEGO, CA 92123

## Signatures

<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).

Director

Х

Shares awarded are Restricted Stock Units. The RSUs cliff vest on the earlier of 11/11/2014 or the annual shareholder's meeting in the year following the grant date. Only 50% will distribute upon vesting; the remaining 50% require a holding period until the earlier of the third annual shareholder's meeting following the grant date or 6 months after termination of service.

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.