Edgar Filing: RESMED INC - Form 4

RESMED INC Form 4 January 05, 2016 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES MB Number: January 31, 2005 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, sction 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 State Average burget of 1935, other of 1935, other of 1935, other of 1935, other of 1935, other of 1935, other of the Investment Company Act of 1940											
(Print or Type	Responses)										
PENDARVIS DAVID Syn				2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	Middle) 3	3. Date of	Earliest T	ransaction			(Cnec)	k all applicable)	
			(Month/Day/Year) 01/04/2016					Director 10% Owner X Officer (give title Other (specify below) below) Chief Administrative Officer			
			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
								Person			
(City)		(Zip)		e I - Non-I	Derivative	Secur	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d 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 of Indirect Beneficial Ownership (Instr. 4)	
ResMed									-		
Common Stock	01/04/2016			M <u>(1)</u>	6,000	А	\$ 33.7	80,287	D		
ResMed	01/04/2016			s (1)	6 000	D	\$ 52.16	74 297	D		
Common Stock	01/04/2016			S <u>(1)</u>	6,000	D	$\frac{52.16}{(3)}$	74,287	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	4. Transactio Code (Instr. 8)	5. Number prof Derivative 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	Amount or Number of Shares
ResMed Common Stock Options	\$ 33.7	01/04/2016		M <u>(1)</u>	6,000	11/11/2011 <u>(2)</u>	11/11/2017	ResMed Common Stock	6,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner Officer		Other			
PENDARVIS DAVID RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123			Chief Administrative Officer				
Signatures							
David Pendarvis, Chief Administrative Officer	2	01/05/20	016				

<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) The transaction was conducted under a 10b5-1 Plan as defined under the Securities Exchange Act of 1934, as amended.
- (2) Represents date options first became exercisable. Options vest 1/4 per year on the anniversary of the grant.

This transaction was executed in multiple trades at prices ranging from \$52.076 to \$52.23. The price reported above reflects the weighted(3) average sale price. The reporting person will provide full information regarding the number of shares and prices at which the transaction was effected upon request to the SEC staff, the issuer or the security holder of the issuer.

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.