## FORM 4

Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

0.5

Estimated average burden hours per response:

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

made pursua plan that is i	nox to indicate that a trans ant to a contract, instruction intended to satisfy the affi ditions of Rule 10b5-1(c).	on or w	ritten			F					n) of the Secur Investment C										
1. Name and Address of Reporting Person* FARRELL, PETER C.							2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 9001 Spectrum Center Blvd. (Street)						3. Date of Earliest Transaction (Month/Day/Year) 11/25/2024													10% Owner Other (specify below)		
San Diego (City)	CA 92123 (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									X For	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
						Table I	- Non-	Deriva	ative S	Securities	s Acquired, I	Disposed o	of, or B	Beneficially Ow	vned						
1. Title of Security (Instr. 3)			2. Transaction Da (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		n 3. Transacti Code (Instr. 8)		Dispose		rities Acquired (A) or ed of (D) 5, 4, and 5)			5. Amount of Securities B Owned Following Reporte Transaction(s) (Instr. 3 and 4)		eficially	6. Ownership Form: Direct(D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code		V Amoun		t (A) or (D)	Price		Validation of the control of the con								
ResMed Con	nmon Stock													83,218			D	$\Box$			
						Table					Acquired, Dis			neficially Own	ed						
1. Title of Derivative Security (Instr.3)	2. Conversion or Exercise Price of Derivative Security	r Exercise (M rice of Perivative		Exec any	Deemed cution Date, if nth/Day/Year)	4. Transa Code (Instr.		5. Number Derivative Securities Acquired ( Disposed o (Instr. 3, 4		(A) or of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	For (D) Indi	nership m: Direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V	(A)		(D)	Date Exercisable		ration	Title	Amount or Number of Shares		(Ilisu. 4)				
ResMed Common Stock Options	\$249.56	11/	25/2024			A		1,468	3		11/11/2025 (1)	11/25	5/2031	ResMed Common Stock	1,468	\$249.56	1,468	D			
Explanation	n of Response	s:							-												

Represents date options first became exercisable. Options vest on the earlier of (i) the first November 11 following the Grant Date, or (ii) the date of the first (1st) annual meeting of stockholders of the Company following the Grant

Peter C. Farrell, Chairman emeritus	11/26/2024

Date

<sup>\*\*</sup> Signature of Reporting Person

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.