RESMED INC Form 4 November 21, 2006

FORM 4

OMB APPROVAL

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

OMB Number:

3235-0287

0.5

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

Section 16. Form 4 or Form 5

SECURITIES

Estimated average burden hours per response...

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** Serzen Keith | | | 2. Issuer Name and Ticker or Trading Symbol | | | ng | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
|---|-------------------|--------------|--|---------|----------|------------|--|---|-------------------------|--------------|------------------|-------------|
| | | | RESMED IN | VC [F | RMD] | | | | (Checl | k all ap | plicable | e) |
| (Last) | (First) | (Middle) | 3. Date of Earli | est Tr | ansactio | on | | | (| _F | r | • |
| | | | (Month/Day/Ye | ear) | | | | Dir | rector | | 10% | Owner |
| RESMED | INC., 14040 | | 11/17/2006 | | | | | | ficer (give | | | er (specify |
| DANIELS | ON STREET | | | | | | | below) | Chief C | | low) ng Offic | er |
| (Street) | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | Filed(Month/Day | y/Year) |) | | | Applicable _X_ Form | e Line) i filed by C | ne Repo | orting Pe | erson |
| POWAY, | CA 92064 | | | | | | | Form Person | filed by M | lore than | One Re | porting |
| (City) | (State) | (Zip) | Table I - N | Non-D | erivati | ve Secur | rities Acqu | uired, Dis | sposed of | , or Be | neficial | ly Owne |
| 1.Title of | 2. Transaction Da | te 2A. Deeme | d 3. | | 4. Secu | rities Aco | quired (A) | 5. Am | nount of | 6. | | 7. Natu |

| (City) | (State) | (Zip) Tab | ole I - Non- | Derivative | Secui | rities Acquir | ed, Disposed of, | or Beneficiall | y Owned |
|--------------------------------------|---|---|--|---------------------------------------|---------|---------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securition Disposi (Instr. 3, 4 | ed of (| ` ' | 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 | 11/17/2006 | | M | 10,000 | A | \$ 21.99 | 12,704.795 | D | |
| ResMed Common Stock | 11/17/2006 | | S | 10,000 | D | \$ 49.1194 | 2,704.795 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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. Transaction Code (Instr. 8) | 5. Number of orderivative Securities Acquired (A or Disposed (D) (Instr. 3, 4, and 5) | Expiration Date (Month/Day/Yea | | 7. Title and A Underlying S (Instr. 3 and | Securities |
|---|---|---|---|---|---|--------------------------------|--------------------|---|------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Share |
| ResMed Stock Options | \$ 21.99 | 11/17/2006 | | M | 10,00 | 0 10/01/2004 <u>(1)</u> | 09/30/2013 | ReMed Common Stock | 10,000 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Serzen Keith RESMED INC.

14040 DANIELSON STREET

POWAY, CA 92064

Chief Operating Officer

Signatures

Keith Serzen 11/21/2006

**Signature of Person Date

Reporting Person

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) Options vest 1/3 each year beginning 1 year from the date of 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.

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