RESMED INC Form 4 March 01, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2. Issuer Name and Ticker or Trading

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

136,000

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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).

ResMed

Common

(Print or Type Responses)

1. Name and Address of Reporting Person *

ROBERTS CHRISTOPHER G			Symbol RESMED INC [RMD]				s]	Issuer (Check all applicable)			
(Last) (First) (Middle) RESMED INC., 9001 SPECTRUM CENTER BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 02/25/2011				_	(Check all applicable) _X_ Director 10% Owner Officer (give title Other (specify below)		
		(Street)		4. If Am	endment, D	ate Origina	ıl	(6. Individual or Join	nt/Group Filin	g(Check
File SAN DIEGO, CA 92123				Filed(Mo	· · · · · · · · · · · · · · · · · · ·				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
	(City)	(State)	(Zip)	Tah	ole I - Non-	Derivative	Secu		ired, Disposed of,	or Beneficiall	ly Owned
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deem Execution any (Month/D	ed Date, if	3.		ies Ac	equired (A)	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	02/25/2011			M	40,000	A	\$ 12.6375	40,000	D	
	ResMed Common Stock	02/25/2011			S	40,000	D	\$ 31.3 (2)	0	D	
	ResMed Common Stock								342,400	I	Cabbit Pty Ltd
										_	

AceMed

Pty Ltd.

Stock

ResMed

Common 23,200 I Spouse

Stock

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)

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 or (D) (Instr. 3, 4, and 5)	6. Date Exercisal Expiration Date (Month/Day/Year		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	\$ 12.6375	02/25/2011		M	40,000	0 07/02/2002(1)	07/02/2011	ResMed Common Stock	40,000

Reporting Owners

Reporting Owner Name / Address	Kelationships					
	Director	10% Owner	Officer	Other		

ROBERTS CHRISTOPHER G RESMED INC. 9001 SPECTRUM CENTER BLVD.

X

SAN DIEGO, CA 92123

Signatures

Christopher G.

Roberts 03/01/2011

**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).

Reporting Owners 2

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- (1) Represents date options first became exercisable.
- This transaction was executed in multiple trades at prices ranging from \$31.31 to \$31.45. The price reported above reflects the weighted 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.