Edgar Filing: RESMED INC - Form 4

| RESMED INC Form 4 February 22, 2011 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Form 5 obligations may continue. See Instruction | | | | | | | | OMB Number: Expires: Estimated a burden hour response | • | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------|--|---------------------------|----|----------------------------|---------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| 1(b). (Print or Type Responses) | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person _ 2. Iss ROBERTS CHRISTOPHER G Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | e of Earliest Transaction | | | | | (Check all applicable) _X _ Director 10% Owner | | | |
| (Month/l RESMED INC., 9001 SPECTRUM 02/18/2 CENTER BLVD. | | | | /2011 - | | | | | Officer (give titleOther (specify below) below) | | | |
| | | | | l(Month/Day/Year) A | | | | | Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year) | | | 8) | omr Dispos (Instr. 3, 4 | ed of (4 and 2 (A) or | | 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 | 02/18/2011 | | | Code M | v | Amount 20,000 | (D) A | \$ 12.6375 | 20,000 | D | | |
| ResMed Common Stock | 02/18/2011 | | | S | | 20,000 | D | \$ 32.732 (<u>2)</u> | ² 0 | D | | |
| ResMed Common Stock | | | | | | | | | 342,400 | Ι | Cabbit Pty Ltd | |
| ResMed Common | | | | | | | | | 136,000 | Ι | AceMed Pty Ltd. | |

| Stock | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------|----------------------|----------------------|--------------------------------------------------------------------|------------------------------------|--|
| ResMed Common Stock | | | | | | 23,200 | Ι | Spouse | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. | | | | | | | | | | |
| | | | | inform require | ns who respor nation containe ed to respond ys a currently er. | C 1474 (9-02) | | | | |
| 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. Transactic Code (Instr. 8) | TransactionDerivative Expiration Date Code Securities (Month/Day/Year | | | 7. Title and Amount o Underlying Securities (Instr. 3 and 4) | | |
| | | | | Code V | (A) (D) | Date Exercisable | e Expiration Date | Title | Amount or Number of Share | |
| ResMed Stock Options | \$ 12.6375 | 02/18/2011 | | D | 20,000 | 07/02/2002 <u>(1</u> | 07/02/2011 | ResMed Common Stock | 20,000 | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|----------------------------------------------------------------------------------------|--------|---------------|-----------|---------|-------|--|--|
| I O O O O O O O O O O O O O O O O O O O | | Director | 10% Owner | Officer | Other | | |
| ROBERTS CHRISTOPHER G RESMED INC. 9001 SPECTRUM CENTER BI SAN DIEGO, CA 92123 | LVD. | Х | | | | | |
| Signatures | | | | | | | |
| Christopher G. Roberts 02/2 | 2/2011 | | | | | | |

<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).

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(1) Represents date options first became exercisable.

This trasnsaction was executed in multiple trades at prices ranging from \$32.70 to \$32.808. The price reported above reflects the

(2) 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.