Edgar Filing: RESMED INC - Form 4

RESMED IN Form 4											
September 19	9, 2005										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								9PROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Kumber. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES 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						rs per					
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> FARRELL PETER C			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	(liddle)		Earliest Tra	-			(Chec	ck all applicable	e)	
(Mo			(Month/Da 09/19/20	ay/Year)	ansaction			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) Chief Executive Officer			
			nendment, Date Original				6. Individual or Joint/Group Filing(Check				
POWAY, C.	A 92064		Filed(Mon	th/Day/Year))			Applicable Line) _X_Form filed by (Form filed by M Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ties Acc	quired, Disposed o	f. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or D (D) (Instr. 3,	ties Adispose 4 and (A) or	cquired d 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	
ResMed Common	09/19/2005 <u>(1)</u>			S <u>(1)</u>	2,000	D (1)	\$ 73.9	595,786	D		
Stock					(1)	(1)	15.9				

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)

Edgar Filing: RESMED INC - Form 4

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)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Treporting of their function of the	Director	10% Owner	Officer	Other			
FARRELL PETER C 14040 DANIELSON STREET POWAY, CA 92064	Х		Chief Executive Officer				
Signatures							
Deter C Ferrall 00/	10/2005						

Peter C. Farrell	09/19/2005
<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) All transactions performed pursuant to an existing 10b5-1 plan.

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.