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RESMED II Form 4 July 06, 201										
								OMB A	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check th	ger		0					Expires:	January 31,	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. SECURITIES Estimated average burden hours per								verage		
(Print or Type	Responses)									
Douglas Robert Andrew Symbol			r Name and Ticker or Trading ED INC [RMD]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)		3. Date of Earliest Transaction				(Check all applicable)			
RESMED I CENTER E	nth/Day/Year) 01/2015				Director10% Owner XOfficer (give titleOther (specify below)Dther (specify below) President and COO ResMed Inc.					
SAN DIEG	ndment, Date Original hth/Day/Year)				6. 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	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execut any	. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if				cquired d of (D) 5) Price	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	07/01/2015		Code V $S_{(1)}^{(1)}$	500	D	\$ 56.68	56,338.764	I	Douglas Family Trust	
ResMed Common Stock	07/01/2015		M <u>(1)</u>	5,833	Α	\$ 19.25	62,171.764	I	Douglas Family Trust	
ResMed Common Stock	07/01/2015		S <u>(1)</u>	5,833	D	\$ 56.58 (3)	56,338.764	I	Douglas Family Trust	
ResMed Common							42,662	D		

ResMed Inc.

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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.

Date

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisal	ble and	7. Title and A	Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative		e Expiration Date	Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Yea	r)	(Instr. 3 and	4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired					
	Derivative				(A) or					
	Security				Disposed of					
					(D)					
				(Instr. 3, 4,						
					and 5)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
5 14 1										
ResMed Common Stock Options	\$ 19.25	07/01/2015		M <u>(1)</u>	5,83	3 02/03/2007 <u>(2)</u>	02/03/2016	ResMed Common Stock	5,833	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Douglas Robert Andrew RESMED INC. 9001 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123			President and COO ResMed Inc.				
Signatures							
Robert Douglas, President and Chief C	Operating	Officer,	07/06/2015				

******Signature of Reporting Person

_Signature of 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) The transaction was conducted under a 10b5-1 Plan as defined under the Securities Exchange Act of 1934, as amended.
- (2) Represents date options first became exercisable. Options vest 1/4 per year on the anniversary of the grant.

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This transaction was executed in multiple trades at prices ranging from \$56.53 to \$56.68. The price reported above reflects the weighted (3) 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.