Edgar Filing: Burt Carol - Form 4

Burt Carol												
Form 4												
November 16	, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box									Expires:	January 31		
if no longer STATEMENT OF CHAN				GES IN BENEFICIAL OW				NERSHIP OF		2005		
Section 16	subject to				ITIES				Estimated average burden hours per			
Form 4 or										response 0.5		
Form 5				· · /				ge Act of 1934,				
obligation may conti								f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment (Company	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
(Thin of Type it	esponses)											
1. Name and Address of Reporting Person <u>*</u> Burt Carol			2. Issuer	Name and	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to Issuer				
			Symbol				0					
			RESME	D INC [R	MD]				1 11 11 11	`		
(Last)	(Middle)	3. Date of Earliest Transaction					(Check all applicable)					
(Last) (First) (Middle)				(Month/Day/Year)					X Director 10% Owner			
RESMED INC., 9001 SPECTRUM			11/14/2018					Officer (give title Other (specify below)				
CENTER BO	DULEVARD							below)	Delow)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			SAN DIEGO), CA 92123							Person	note than one to
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	ate 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	ar) Executi	on Date, if TransactionAcquired (A) or						Form: Direct	Indirect		
(Instr. 3)		any (Month	Code Dispo Day/Year) (Instr. 8) (Instr					Owned	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		(Wonth	Day/Teal)	(Instr. 8)								
								Reported	· · ·	· · ·		
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
ResMed					2,533		.					
Common	11/14/2018			А	(1)	А	\$0	24,173	D			
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)

Edgar Filing: Burt Carol - 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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

10% Owner Officer

Other

Reporting Owners

Reporting Owner Name / Address

Burt Carol RESMED INC. 9001 SPECTRUM CENTER BOULEVARD SAN DIEGO, CA 92123

Signatures

Carol Burt 11/16/2018

<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).

Director

Х

(1) Shares awarded are restricted stock units. The RSUs cliff vest on the earlier of November 11, 2019, or the annual shareholder's meeting in the year following the grant date.

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.