RESMED INC Form 4 October 22, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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January 31,

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obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading FARRELL PETER C Issuer Symbol RESMED INC [RMD] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) _X__ Director 10% Owner X_ Officer (give title Other (specify RESMED INC., 9001 SPECTRUM 10/20/2015 below) CENTER BOULEVARD Chairman of the Board (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting SAN DIEGO, CA 92123 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

		1401	Tuble 1 Tion Bettivative Securities required, Disposed of, of Beneficiary 6 whea							
1.Title of	2. Transaction Date		3.	4. Securitie			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect	
(Instr. 3)		any	Code (Instr. 3, 4 and 5)			Beneficially	Form: Direct	Beneficial		
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership	
							Following	Indirect (I)	(Instr. 4)	
					(4)		Reported	(Instr. 4)		
					(A)		Transaction(s)			
					or		(Instr. 3 and 4)			
			Code V	Amount	(D)	Price	,			
ResMed				147 706						
Common	10/20/2015		$G^{(1)}$ V	147,796 (1)	A	\$0	437,156	D		
Stock			_	(1)			,			
Stock										

D M 1		Code	V	Amount	or (D)	Price	(Instr. 3 and 4)		
ResMed Common Stock	10/20/2015	G <u>(1)</u>	V	147,796 (1)	A	\$ 0	437,156	D	
ResMed Common Stock							87,776	I	Peter C. Farrell Grantor Retained Annuity Trust dated March 4, 2014 (2)

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Resmed Common 52,204 Ι Stock

Peter C. Farrell Grantor Retained Annuity Trust dated October 14, 2014 (2)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amour		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Year)	Underl Securit (Instr.	, ,	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

Reporting Owners

Reporting Owner Name / Address	110.110.11.p.						
	Director	10% Owner	Officer	Other			
FARRELL PETER C							
RESMED INC.	X		Chairman of the Board				
9001 SPECTRUM CENTER BOULEVARD							

Signatures

SAN DIEGO, CA 92123

Peter C. Farrell, Chairman of the 10/22/2015 **Board**

**Signature of Reporting Person Date

2 Reporting Owners

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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).
- Transaction represents a distribution from the Peter C. Farrell October 2014 Annuity Trust to the Peter C. Farrell Trust. Dr. Farrell is sthe
- (1) trustee of his personal trust, but is not the trustee of the annuity trust. Per the terms of the annuity trust, 90% of the original value is to be returned to Dr. Farrell at the end of the Trust's first year.
- (2) Larry Poster is the Trustee of the GRAT.

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.