Jacobsen Stein Form 4 August 26, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box subject to

if no longer Section 16. Form 4 or

Form 5 obligations may continue. See Instruction 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

(City)

1.Title of

Security

(Instr. 3)

ResMed

Common

Stock

1. Name and Address of Reporting Person * Jacobsen Stein

(First) (Middle)

2. Transaction Date 2A. Deemed

RESMED INC., 9001 SPECTRUM CENTER BLVD.

(Street)

SAN DIEGO, CA 92123

(State) (Zip)

(Month/Day/Year)

2. Issuer Name and Ticker or Trading Symbol

RESMED INC [RMD]

3. Date of Earliest Transaction

(Month/Day/Year) 08/24/2010

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities Acquired

Code (D) (Instr. 8) (Instr. 3, 4 and 5)

Code V Amount

(1)

20,000

08/24/2010 Α

Execution Date, if

(Month/Day/Year)

Transaction(A) or Disposed of

Beneficially Owned Following Reported (A) Transaction(s)

(Instr. 3 and 4) (D) Price

Issuer

below)

Person

Director

Applicable Line)

5. Amount of

Securities

X_ Officer (give title

22,650.129 \$0 (2)

D

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

COO, Europe

6. Individual or Joint/Group Filing(Check

(D) or

Indirect (I)

(Instr. 4)

X Form filed by One Reporting Person Form filed by More than One Reporting

below)

10% Owner

6. Ownership 7. Nature of

Beneficial

Ownership

(Instr. 4)

(9-02)

Form: Direct Indirect

Other (specify

Estimated average

burden hours per

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

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. :	3 and 4)		Owne
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	e Date				
				~					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
Jacobsen Stein							
RESMED INC.			COO,				
9001 SPECTRUM CENTER BLVD.			Europe				
SAN DIEGO, CA 92123			_				

Signatures

Stein Jacobsen 08/26/2010

**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) Represents Restricted Stock Units initially granted on December 17, 2009, but earned as of August 24, 2010, based on corporate performance. The RSUs are subject to a vesting requirement of 25% per year, with the first vesting on November 11, 2010.
- (2) Includes 2,650.129 shares purchased on April 30, 2010, pursuant to ResMed's Employee Stock Purchase 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.

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