RESMED INC Form 4

December 30, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Person

OMB APPROVAL

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January 31,

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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

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) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) _X__ Director 10% Owner X_ Officer (give title Other (specify RESMED INC., 9001 SPECTRUM 12/28/2010 below) CENTER BOULEVARD **Executive Chairman** (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									
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	(A) or			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	12/28/2010(1)		G(2)	Amount 138,962 (2)	(D)	Price	533,230	D			
ResMed Common Stock	12/29/2010		S	61,038	D	\$ 35.04 (4)	0	I	Peter C. Farrell December 2009 Annuity Trust		
ResMed Common Stock							200,000	I	Peter C. Farrell April 2010		

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Annuity Trust Peter C. ResMed Farrell July

> 200,000 I 2010 Annuity Trust

> > (9-02)

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transa Code (Instr. 3	ection (8)	5. inNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)
			Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

RESMED INC. X **Executive Chairman** 9001 SPECTRUM CENTER BOULEVARD SAN DIEGO, CA 92123

Signatures

FARRELL PETER C

Common

Stock

Peter C. Farrell 12/30/2010 **Signature of Date Reporting Person

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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).
- (1) Trade executed pursuant to 10b5-1 trading plan.
 - Transaction represents a distribution from the Peter C. Farrell December 2009 Annuity Trust (the "Trust") of 138,962 shares to the Peter
- (2) C. Farrell Family Trust (of which Dr. Farrell is the Trustee). Per the terms of the trust, 90% of the original value was transferred to Dr. Farrell at the end of the first year.
- (3) Transaction represents the sale of the remaining shares in the Trust for cash, which was retained by the Trust.
 - The price reported is the weighted average price. The shares were acquired in multiple transactions at prices ranging from \$34.95 to
- (4) \$35.43, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the SEC, upon request, full information regarding the number of shares acquired at each separate price within the ranges set forth in this footnote.

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.