Edgar Filing: RESMED INC - Form 4

| RESMED INC Form 4 November 13, 2 | 2007 | | | | | | | | |
|---|---------------------------------------|---|--|--|------------------------------|---|--|---|--|
| FORM | | | | | OMB APPROVAL | | | | |
| | UNITEDS | | hington, | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this be if no longer subject to Section 16. Form 4 or | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | burden hou | Expires:January 31, 2005Estimated averageburden hours per response0.5 | |
| Form 5 obligations may continue.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 19401(b). | | | | | | | n | | |
| (Print or Type Resp | ponses) | | | | | | | | |
| PENDARVIS DAVID Symbo | | | 2. Issuer Name and Ticker or Trading ymbol RESMED INC [RMD] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (Mi | iddle) 3. Date of | Earliest Tra | insaction | | (Cnec | ck all applicable | e) | |
| | | | Ionth/Day/Year) /07/2007 | | | below) | Officer (give title Other (specify | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| POWAY, CA 9 | 92064 | | | | | | More than One R | | |
| (City) | (State) (Z | Zip) Table | e I - Non-De | erivative S | ecurities A | cquired, Disposed o | f, or Beneficia | lly Owned | |
| | . Transaction Date Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, 4 | (A) or of (D) 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| ResMed Common Stock | | | Code V | Amount | (A) or (D) Pric | Transaction(s) (Instr. 3 and 4) | D | | |

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)

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| 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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisab Expiration Date (Month/Day/Year | | 7. Title and A Underlying Se (Instr. 3 and 4 |
|---|---|---|---|--|--|---|--------------------|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title |
| ResMed CommonStock Options | \$ 42.05 | 11/07/2007 | 11/09/2007 | А | 65,000 | 11/07/2008 <u>(2)</u> | 11/06/2014 | ResMed Common Stock |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| PENDARVIS DAVID 14040 DANIELSON STREET POWAY, CA 92064 | | | Sr. VP, General Counsel | | | |
| Cignotures | | | | | | |

Signatures

| David Pendarvis | 11/12/2007 |
|-----------------|------------|
|-----------------|------------|

<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).
- (1) Includes 254.0160 shares purchased on October 31 2007, pursuant to ResMed's Employee Stock Purchase Program.
- (2) Options vest 1/4 per year beginning on the first anniversary of the grant.

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.