

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

☒ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934  
or Section 30(h) of the Investment Company Act of 1940

OMB Number: 3235-0287  
Estimated average burden  
hours per response: 0.5

1. Name and Address of Reporting Person* <b>Farrell, Michael J.</b>			2. Issuer Name and Ticker or Trading Symbol <b>RESMED INC [RMD ]</b>				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <div><input checked="" type="checkbox"/> Director10% Owner <input checked="" type="checkbox"/> Officer (give title below)Other (specify below) <b>Chairman and CEO</b></div>			
(Last)(First)(Middle) <b>RESMED INC.</b> <b>9001 SPECTRUM CENTER BLVD</b>			3. Date of Earliest Transaction (Month/Day/Year) <b>12/08/2025</b>							
(Street) <b>SAN DIEGO</b> <b>CA</b> <b>92123</b>			4. If Amendment, Date of Original Filed (Month/Day/Year)							
(City)(State)(Zip)							6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person			

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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			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)
			Code	V	Amount	(A) or (D)	Price			
ResMed Common Stock	12/08/2025		M (1)		4,991	A	\$146.34	471,214	D	
ResMed Common Stock	12/08/2025		S (1)		4,991	D	\$251.4117 ( 2)	466,223	D	
ResMed Common Stock								2,090	I	Lisette and Michael Farrell Family Trust

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number 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 Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
ResMed Common Stock Options	\$146.34	12/08/2025		M (1)			4,991	11/11/2020 (3)	11/21/2026	ResMed Common Stock	4,991	\$0	54,903	D	

Explanation of Responses:

1. The transaction was conducted under a Rule 10b5-1 plan adopted October 31, 2024.
2. This transaction was executed in multiple trades at prices ranging from \$249.63 - \$255.775. The price reported above reflects the weighted average sale price.

3. Represents date options first become exercisable. Options vest 1/3 per year.

/s/ Michael J. Farrell, Chairman and CEO  
\*\* Signature of Reporting Person

12/09/2025  
Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

**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 Number.**