## Edgar Filing: Hollingshead James - Form 4

| Hollingshea<br>Form 4   | d James                                 |             |   |  |  |                           |              |  |  |   |  |
|---|---|-------------|---|--|--|---------------------------|--------------|--|--|---|--|
| November 2  | 26, 2018                                |             |   |  |  |                           |              |  |  |   |  |
| FORM  | <b>14</b> UNITED                        | STATES      |   |  |  |                           | NGE C        | OMMISSION  | OMB AF<br>OMB  | PROVAL  |  |
| Check th  | his box                                 |             | Wa  | shington                               | , D.C. 20                                  | 549                       |              |  | Number:  | 3235-0287<br>January 31,  |  |
| if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>Filed pursuant to S |   |             |   | SECU                                   | RITIES                                     |                           |              |  | Expires:<br>Estimated a<br>burden hou<br>response                          | 2005<br>Iverage   |  |
| obligatio<br>may con<br><i>See</i> Instr<br>1(b).                                       | ons Section 17(                         | a) of the I | Public U  | tility Hol                             |  | npany                     | y Act of     | 1935 or Section  | I  |   |  |
| (Print or Type  | Responses)                              |             |   |  |  |                           |              |  |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Hollingshead James                  |   |             | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>RESMED INC [RMD] |  |  |                           |              | 5. Relationship of Reporting Person(s) to<br>Issuer  |  |   |  |
| (Last)  | (First) (                               | Middle)     | 3. Date o   | f Earliest T                           | ransaction                                 |                           |              | (Check   | all applicable   | 2)  |  |
| C/O RESMED INC., 9001<br>SPECTRUM CENTER BLVD.  |   |             | (Month/Day/Year)<br>11/21/2018  |  |  |                           |              | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>President, Americas     |  |   |  |
|   |   |             | Filed(Month/Day/Year)   |  |  |                           |              | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_Form filed by One Reporting Person |  |   |  |
| SAN DIEG  | O, CA 92123                             |             |   |  |  |                           |              | Form filed by M<br>Person  | ore than One Re  | porting   |  |
| (City)  | (State)                                 | (Zip)       | Tab   | le I - Non-l                           | Derivative                                 | Secur                     | ities Acqu   | iired, Disposed of,  | or Beneficial  | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year) |             | Date, if  | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securiti<br>ord Dispose<br>(Instr. 3, 4 | ed of (<br>4 and 5<br>(A) | (D)          | ) 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)       | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |             |   | Code V                                 | Amount                                     | or<br>(D)                 | Price        | (Instr. 3 and 4)   |  |   |  |
| ResMed<br>Common<br>Stock   | 11/21/2018                              |             |   | А                                      | 28,810<br>(1)                              | А                         | \$<br>104.18 | 97,085   | D  |   |  |
| ResMed<br>Common<br>Stock   | 11/21/2018                              |             |   | F                                      | 16,071<br>(2)                              | D                         | \$<br>104.18 | 81,014   | 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.

## Edgar Filing: Hollingshead James - Form 4

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

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | Date               | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address   |          | R         | elationships        |       |
|--|----------|-----------|---------------------|-------|
|  | Director | 10% Owner | Officer             | Other |
| Hollingshead James<br>C/O RESMED INC.<br>9001 SPECTRUM CENTER BLVD.<br>SAN DIEGO, CA 92123 |          |           | President, Americas |       |
| Signatures   |          |           |                     |       |
| James R. Hollingshead, President,<br>Americas  |          | 11/26/201 | 8                   |       |
| **Signature of Reporting Person  |          | Date      |                     |       |
| <b>Explanation of Respon</b>   | nses:    | 1         |                     |       |

| *   | If the form is filed by more than one reporting person, <i>see</i> 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 performance-based restricted stock units granted on November 19, 2015. The shares were earned on November 21,          |

- $(\mathbf{I})$ 2018, when the compensation committee certified that the performance metrics were met.
- (2) Disposition to issuer for tax withholding on vesting of performance-based Restricted Stock Units granted on 11/19/2015.

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.