RESMED INC Form 4 August 02, 2007

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

Washington, D.C. 20549

January 31, Expires: 2005

Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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 * Beijer Lasse			2. Issuer Name and Ticker or Trading Symbol RESMED INC [RMD]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	Middle)		Earliest Tra	nsaction	-	400		
RESMED INC., 14040 DANIELSON STREET			(Month/Da 08/01/20	•		Director 10% Owner X Officer (give title Other (specify below) below) COO-Europe			
		4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
POWAY, CA		Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table	I - Non-De	erivative Securities Acc	quired, Dispos	ed of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dai (Month/Day/Year) Execution any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 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 146.894 D

Stock

ResMed Common 12.241 Ι Spouse

Code V Amount (D)

(A)

Price

Stock

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Transaction(s) (Instr. 3 and 4)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orderivative Securities Acquired (A) or Disposed or (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Share
ResMed Stock Options	\$ 43.42	08/01/2007		A	36,000	08/01/2008(1)	07/31/2015	ResMed Common Stock	36,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Beijer Lasse

RESMED INC. 14040 DANIELSON STREET COO-Europe

POWAY, CA 92064

Signatures

Lasse Beijer 08/02/2007

**Signature of 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) Stock options vest 1/4 each year beginning on the first anniversary of the grant date.

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.

Reporting Owners 2