

ROBERTS CHRISTOPHER G  
Form 4  
February 28, 2005

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

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

**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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
ROBERTS CHRISTOPHER G

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)  
14040 DANIELSON STREET  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
02/24/2005

Director  10% Owner  
 Officer (give title below)  Other (specify below)

POWAY, CA 92064

4. If Amendment, Date Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(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. 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 or Price		
ResMed Common Stock	02/24/2005		M		20,000 A \$ 13.3437	20,000	D
ResMed Common Stock	02/24/2005		M		20,000 A \$ 24.625	40,000	D
ResMed Common Stock						187,200	I Cabbit Pty Ltd <sup>(1)</sup>
ResMed Common Stock						5,800	I Spouse

Edgar Filing: ROBERTS CHRISTOPHER G - Form 4

ResMed Common Stock	34,000	I	AceMed Pty Ltd. <u>(2)</u>
---------------------------	--------	---	----------------------------------

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.**

SEC 1474  
(9-02)

**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 Underlying Securities (Instr. 3 and 4)
ResMed Options	\$ 13.3437	02/24/2005		M	20,000	07/30/2000 <sup>(3)</sup> 07/29/2009	ResMed Common Stock 20,000
ResMed Options	\$ 24.625	02/24/2005		M	20,000	07/12/2001 <sup>(3)</sup> 07/11/2010	ResMed Common Stock 20,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ROBERTS CHRISTOPHER G 14040 DANIELSON STREET POWAY, CA 92064		X		

## Signatures

Christopher G.  
Roberts 02/25/2005

\*\*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) Solely owned by Christopher Roberts, his spouse and children

(2) Solely owned by Christopher Roberts and his Spouse

(3) Options vest 1/3 each year beginning 1 year after 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.