

Relser Anne
Form 3
March 20, 2012

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Relser Anne		(Month/Day/Year)	RESMED INC [RMD]	
(Last)	(First)	(Middle)	03/12/2012	
RESMED INC.,Â 9001		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
SPECTRUM CENTER BLVD				
(Street)		(Check all applicable)		
SAN DIEGO,Â CAÂ 92123		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	President - ResMed Europe	<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
ResMed Common Stock	3,148.705	D	Â

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Edgar Filing: Relser Anne - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Non-Qualified Stock Options	02/23/2010	02/23/2016	ResMed Common Stock	6,400	\$ 20.355	D	Â
Non-Qualified Stock Options	11/24/2010	11/24/2013	ResMed Common Stock	10,000	\$ 24.57	D	Â
Non-Qualified Stock Options	11/27/2011	11/27/2014	ResMed Common Stock	30,000	\$ 22.535	D	Â
Non-Qualified Stock Options	02/26/2012	02/26/2015	ResMed Common Stock	10,000	\$ 20.8	D	Â
Non-Qualified Stock Options	11/24/2012	11/24/2015	ResMed Common Stock	34,000	\$ 17.3	D	Â
Restricted Stock Units	12/17/2013	Â ⁽¹⁾	ResMed Common Stock	10,286	\$ 0	D	Â
Restricted Stock Units	11/11/2014	Â ⁽¹⁾	ResMed Common Stock	5,429	\$ 0	D	Â
Restricted Stock Units	11/16/2015	Â ⁽¹⁾	ResMed Common Stock	5,429	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Relser Anne RESMED INC. 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Â	Â	Â President - ResMed Europe	Â

Signatures

Anne Reiser, President-ResMed Europe 03/20/2012

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) Restricted Stock Units do not have an expiration 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.