ROBERTS CHRISTOPHER G

Form 4

February 28, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

Expires:

5. Relationship of Reporting Person(s) to

D

Ι

I

Issuer

3235-0287 Number:

OMB APPROVAL

January 31, 2005

0.5

Estimated average burden hours per

response...

subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

if no longer

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

2. Issuer Name and Ticker or Trading

1(b).

Common

Common

ResMed Common

Stock ResMed

Stock

Stock

02/24/2005

(Print or Type Responses)

1. Name and Address of Reporting Person *

PORERTS CHRISTOPHER G

			Symbol					issuer			
			RESM	RESMED INC [RMD]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	of Earliest 7	Γransaction						
			(Month/	Day/Year)			_	_X Director		Owner	
			02/24/2	02/24/2005				Officer (give title below) Other (specify below)			
(Street)			4. If Am	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mo	Filed(Month/Day/Year)				Applicable Line)			
							-	X_ Form filed by O	1 0		
POWAY,	CA 92064						Ī	Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secui	rities Acqui	ired, Disposed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Da	te 2A. Dee	med	3.	4. Securit	ies Ac	quired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution	on Date, if	Transactio	omr Dispos	ed of ((D)	Securities	Ownership	Indirect	
(Instr. 3)		any		Code	(Instr. 3, 4	and 5	5)	Beneficially	Form:	Beneficial	
		(Month/	Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership	
								Following	or Indirect	(Instr. 4)	
						(A)		Reported	(I)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
				Code V	Amount	(D)	Price	(IIISII. 3 aliu 4)			
ResMed							¢				
Common	02/24/2005			M	20,000	A	13.3437	20,000	D		
Stock											
ResMed											

20,000

Α

\$ 24.625 40,000

187,200

5,800

M

Cabbit

Spouse

Pty Ltd (1)

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ResMed			AceMed
Common	34,000	I	Pty Ltd.
Stock			<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)	orDeriva Securi Acqui	ities ared (A) sposed of3, 4,	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and 4	Securities
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
ResMed Options	\$ 13.3437	02/24/2005		M		20,000	07/30/2000(3)	07/29/2009	ResMed Common Stock	20,000
ResMed Options	\$ 24.625	02/24/2005		M		20,000	07/12/2001(3)	07/11/2010	ResMed Common Stock	20,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
• 0	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

Reporting Owners 2

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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.