

Sandercock Brett  
 Form 3  
 December 08, 2005

**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 <b>and</b> Ticker or Trading Symbol	
Â Sandercock Brett		(Month/Day/Year)	RESMED INC [RMD]	
(Last)	(First)	(Middle)	12/01/2005	
17 GUINEVIERE COURT			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
CASTLE HILL,			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
NSW,Â C3Â 2154			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			Chief Financial Officer	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<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	170.86	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)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: Sandercock Brett - Form 3

				Shares		(1) (Instr. 5)	
ResMed Options	10/02/1999 <sup>(1)</sup>	10/01/2008	ResMed Common Stock	6,000 <sup>(1)</sup> <u>(2)</u>	\$ 5.625 <sup>(2)</sup>	D	Â
ResMed Options	07/30/2000 <sup>(1)</sup>	07/29/2009	ResMed Common Stock	8,000 <sup>(1)</sup> <u>(2)</u>	\$ 6.6718 <u>(2)</u>	D	Â
ResMed Options	07/02/2002 <sup>(1)</sup>	07/01/2011	ResMed Common Stock	4,000 <sup>(1)</sup> <u>(2)</u>	\$ 25.275 <u>(2)</u>	D	Â
ResMed Options	01/15/2005 <sup>(1)</sup>	01/14/2014	ResMed Common Stock	12,000 <sup>(1)</sup> <u>(2)</u>	\$ 20.54 <sup>(2)</sup>	D	Â
ResMed Options	01/20/2006 <sup>(1)</sup>	01/19/2015	ResMed Common Stock	24,000 <sup>(1)</sup> <u>(2)</u>	\$ 24.935 <u>(2)</u>	D	Â
ResMed Options	12/01/2006 <sup>(3)</sup>	11/30/2015	ResMed Common Stock	10,000 <sup>(3)</sup>	\$ 40.8	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Sandercock Brett 17 GUINEVIERE COURT CASTLE HILL, NSW, Â C3Â 2154	Â	Â	Â Chief Financial Officer	Â

## Signatures

Brett  
Sandercock

12/08/2005

\*\*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) Options are exercisable 1/3 each year beginning 1 year after date of grant.
- (2) All figures reflect 2-for-1 stock split effective 9/30/2005
- (3) Options vest 1/4 each year beginning 1 year after date of 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.