

Darkin Donald  
Form 3  
March 03, 2010

**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 Darkin Donald		(Month/Day/Year)	RESMED INC [RMD]	
(Last)	(First)	(Middle)	03/01/2010	
9001 SPECTRUM CENTER BLVD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SAN DIEGO,Â CAÂ 92123			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Sr. Vice President	

**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)
---------------------------------	---	--	---

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 (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(Instr. 5)

Instrument	Grant Date	Expiration Date	Underlying	Quantity	Exercise Price	Exercise Type	Notes
ResMed NQ Stock Options	09/01/2007 <sup>(1)</sup>	09/01/2016	ResMed Common Stock	10,000	\$ 40.68	D	Â
ResMed NQ Stock Options	11/10/2007 <sup>(1)</sup>	11/10/2013	ResMed Common Stock	25,000	\$ 46.19	D	Â
ResMed NQ Stock Options	08/01/2008 <sup>(1)</sup>	08/01/2014	ResMed Common Stock	25,000	\$ 43.42	D	Â
ResMed NQ Stock Options	11/07/2008 <sup>(1)</sup>	11/07/2014	ResMed Common Stock	4,000	\$ 42.05	D	Â
ResMed NQ Stock Options	10/01/2009 <sup>(1)</sup>	10/01/2015	ResMed Common Stock	10,000	\$ 43.35	D	Â
ResMed NQ Stock Options	11/20/2009 <sup>(1)</sup>	11/20/2015	ResMed Common Stock	45,000	\$ 31.04	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Darkin Donald 9001 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	Â	Â	Â Sr. Vice President	Â

## Signatures

Donald Darkin, Sr. Vice President, Interfaces Strategic Business Unit

03/03/2010

\_\_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 vest 1/4 annually on the anniversary of the grant. Represents date options first became exercisable.

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.