

Jacobsen Stein
Form 3
January 06, 2009

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

OMB APPROVAL

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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 Jacobsen Stein		(Month/Day/Year)	RESMED INC [RMD]	
(Last)	(First)	(Middle)	01/02/2009	
RESMED INC.,Â 14040 DANIELSON STREET			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
POWAY,Â CAÂ 92064			<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
			COO, Europe	

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	23,699.329	D	Â
ResMed Common Stock	40,000	I	Stein Jacobsen Invest AS

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
ResMed Common Stock Options	02/03/2007 ⁽¹⁾	02/03/2016	ResMed Common Stock	12,000	\$ 38.5	D	Â
ResMed Common Stock Options	11/10/2007 ⁽¹⁾	11/10/2013	ResMed Common Stock	12,000	\$ 46.19	D	Â
ResMed Common Stock Options	08/01/2008 ⁽¹⁾	08/01/2014	ResMed Common Stock	25,000	\$ 43.42	D	Â
ResMed Common Stock Options	11/07/2008 ⁽¹⁾	11/07/2014	ResMed Common Stock	4,000	\$ 42.05	D	Â
ResMed Common Stock Options	10/01/2009 ⁽¹⁾	10/01/2015	ResMed Common Stock	10,000	\$ 43.35	D	Â
ResMed Common Stock Options	11/20/2009 ⁽¹⁾	11/20/2015	ResMed Common Stock	70,000	\$ 31.04	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Jacobsen Stein RESMED INC. 14040 DANIELSON STREET POWAY, CA 92064	Â	Â	Â COO, Europe	Â

Signatures

Stein Jacobsen 01/05/2009
 __Signature of Date
 Reporting Person

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) Stock options vest 1/4 per year on the anniversary of the 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.