

Beijer Lasse
Form 3
August 01, 2007

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 Beijer Lasse | | (Month/Day/Year) | RESMED INC [RMD] | |
| (Last) | (First) | (Middle) | 4. Relationship of Reporting Person(s) to Issuer | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| | | 07/30/2007 | | |
| 14040 DANIELSON STREET | | | (Check all applicable) | |
| (Street) | | | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) COO - Europe | |
| POWAY,Â CAÂ 92064 | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | |
| (City) | (State) | (Zip) | <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 | 146.894 | D | Â |
| ResMed Common Stock | 12.241 | I | Spouse |

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 | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|---|---|--|
|---|---|--|---|---|--|

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| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) | |
|----------------------|---------------------------|-----------------|---------------------|----------------------------|-----------|---------------------------------------|--------|
| ResMed Stock Options | 01/20/2006 ⁽¹⁾ | 01/19/2015 | ResMed Common Stock | 5,332 | \$ 24.95 | D | Â |
| ResMed Stock Options | 02/03/2007 ⁽²⁾ | 02/02/2016 | ResMed Common Stock | 10,500 | \$ 38.5 | D | Â |
| ResMed Stock Options | 11/10/2007 ⁽²⁾ | 11/09/2013 | ResMed Common Stock | 14,000 | \$ 46.19 | D | Â |
| ResMed Stock Options | 01/15/2006 ⁽¹⁾ | 01/14/2014 | ResMed Common Stock | 400 | \$ 20.54 | I | Spouse |
| ResMed Stock Options | 01/20/2006 ⁽¹⁾ | 01/19/2015 | ResMed Common Stock | 300 | \$ 24.935 | I | Spouse |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|----------------|-------|
| | Director | 10% Owner | Officer | Other |
| Beijer Lasse 14040 DANIELSON STREET POWAY, CA 92064 | Â | Â | Â COO - Europe | Â |

Signatures

Lasse Beijer 08/01/2007
 **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 1/3 per year beginning on the 1st anniversary of the grant.
- (2) Options vest 1/4 per year beginning on the first 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.