Edgar Filing: RESPIRONICS INC - Form 4

| RESPIRONI Form 4 | ICS INC | | | | | | | | | | |
|---------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------|-----------|----------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------|--|
| August 04, 2 | 2005 | | | | | | | | | | |
| FORM | Л | | | | | | | | OMB AF | PROVAL | |
| | UNITED | STATES | | RITIES A shington, | | | NGE CO | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no long | aer. | | | | | | | | Expires: | January 31, 2005 | |
| subject to Section 1 Form 4 o | 6. SIAIEN | STATEMENT OF CHANGES IN BENEFICIAL OWNERSI SECURITIES | | | | | | | Estimated average burden hours per response | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 17(uction | a) of the 1 | Public U | | ling Cor | npan | y Act of | Act of 1934, 1935 or Section) | I | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol RESPIRONICS INC [RESP] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (I | Middle) | 3. Date of | f Earliest Tr | ansaction | | | (Check all applicable) | | | |
| | | | | Ionth/Day/Year) 8/01/2005 | | | | Director 10% Owner X_ Officer (give title Other (specify below) below) VP Asthma and Allergy | | | |
| | (Street) | | 4. If Ame | mendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| KENNELO | N, NJ 07405 | | Filed(Mo | nth/Day/Year |) | | | Applicable Line) _X_ Form filed by O Form filed by M | | | |
| | | (7:) | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tab | e I - Non-D | erivative | Secu | rities Acqu | ired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | ecurity (Month/Day/Year) Execution Date, if | | 3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| C | | | | Code V | Amount | (D) | Price | (Instr. 5 and 4) | | | |
| Common Stock | 08/01/2005 | | | М | 422 | А | \$ 16.84 | 622 <u>(1)</u> | D | | |
| Common Stock | 08/01/2005 | | | S | 422 | D | \$ 37.77 | 200 (1) | D | | |
| Common Stock | 08/01/2005 | | | М | 8,578 | А | \$ 16.84 | 8,778 <u>(1)</u> | D | | |
| Common Stock | 08/01/2005 | | | S | 8,578 | D | \$ 37.825 | 200 (1) | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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. Transacti Code (Instr. 8) | 5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. D S (I |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|---------------------------------------------------------------------|----------------------------------------|--------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option | \$ 16.84 | 08/01/2005 | | М | 422 | 08/22/2002 | 08/22/2011 | Common Stock | 422 | |
| Stock Option | \$ 16.84 | 08/01/2005 | | М | 8,578 | 08/22/2002 | 08/22/2011 | Common Stock | 8,578 | • |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---------------------------------------------------------------|---------------|-----------|-----------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| LLOYD SUSAN A 747 RIDGE ROAD TERRACE KENNELON, NJ 07405 | | | VP Asthma and Allergy | | | | | |
| Signatures | | | | | | | | |

Dorita A. Pishko: 08/04/2005 Attorney-in-fact

**Signature of Reporting Person

Date

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) Total shares reflect a May 2005 two-for-one stock split

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.