Edgar Filing: DEXCOM INC - Form 4

DEXCOM I	NC										
Form 4											
June 02, 201	.6										
FORM	14		CECU						OMB AF	PROVAL	
UNITED STATES SECON				RITIES AND EXCHANGE COMMISSI shington, D.C. 20549				OMMISSION	OMB Number:	3235-0287	
check this box if no longer									Expires:	January 31,	
subject to		IENT OI	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 verage	
Section 16.				SECURITIES					burden hours per		
Form 4 c Form 5					a				response	0.5	
obligatio	m o *						•	e Act of 1934,			
may cont				•	•	- ·		1935 or Section	1		
See Instr	uction	30(n)	of the In	vestment	Compan	y Act	OI 194	0			
1(b).											
(Print or Type l	Responses)										
	•										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading						5. Relationship of Reporting Person(s) to					
Abbey Donald Symbol				, in the second s				Issuer			
				COM INC [DXCM]				(Check all applicable)			
(Last)	(First) (N	/liddle)	3. Date of	f Earliest Ti	ransaction			(Check	c all applicable)	
				nth/Day/Year)			Director	10%	Owner		
6340 SEQUENCE DRIVE 05/31/2			-				XOfficer (give titleOther (specify below) below)				
								· · · · · · · · · · · · · · · · · · ·	VP Quality		
	(Street)		4 If Ame	ndment D	ate Original					o(Check	
			Amendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
1 1100(1101				······································				_X_ Form filed by One Reporting Person			
SAN DIEG	O, CA 92121							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3.	4. Securiti			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if						Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(11150.5)		any (Month/D	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)			')	Owned	(D) or	Ownership		
			Ĵ ĺ	× /				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
Comment				Code V		(D)	Price	(
Common Stock	05/31/2016			А	55,000 (1)	А	\$ 0.001	55,000	D		

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

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships							
	Director	10% Owner	Officer	Other					
Abbey Donald 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			EVP Quality						
Signatures									
Donald M. Abbey	06/02/2016								
<u>**</u> Signature of	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) Represents a grant of restricted stock units that are exempt from Section 16 b-3 and are subject to vesting in three equal annual installments from the date of grant. Share units represent a contingent right to receive one share of DexCom, Inc. common stock.

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.

Reporting Person