Edgar Filing: DEXCOM INC - Form 4

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Form 4												
Form 4 December 17 FORM Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Was F CHAN Section 16 Public Ut	ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ction 16(a) of the Securities Exchange Act of 1934, blic Utility Holding Company Act of 1935 or Section the Investment Company Act of 1940							OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> SAYER KEVIN R			2. Issuer Name and Ticker or Trading Symbol DEXCOM INC [DXCM]					g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 6340 SEQUI	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2015						X Director 10% Owner X Officer (give title Other (specify below) President & CEO					
				If Amendment, Date Original ed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
		(7:)							Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non	-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Executio any	ned n Date, if Day/Year)	Code (Instr. 8	8)	4. Securir nAcquired Disposed (Instr. 3, Amount	l (A) o l 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)	
Common Stock	12/15/2015			G		2,500 (1)	D	\$0	343,402 (2)	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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SAYER KEVIN R 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121	Х		President & CEO					
Signatures								
By: Jess Roper For: Kevin R. Sayer		12/17/2015						

<u>**</u>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).

This transaction represents a gift of securities made by the reporting person. This is not a market transaction, thus no price has been reported. Mr. Sayer is a member of the board of directors of the DexCom One Step Ahead Foundation (DOSAF). If in his capacity as a

(1) director of DOSAF, Mr. Sayer is deemed to have a beneficial ownership interest in the shares of stock he is donating to DOSAF, Mr. Sayer disclaims such beneficial ownership interest.

Included in this number are 190,000 unvested restricted stock units, 90,000 of which were granted on March 8, 2015 and shall vest
(2) through March 8, 2018, 75,000 of which were granted on March 8, 2014 and shall vest through March 8, 2017, and 25,000 of which were granted on March 11, 2013 and shall vest through March 11, 2016.

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.