#### Edgar Filing: DEXCOM INC - Form 4

DEXCOM INC Form 4										
May 21, 2008										
FORM 4	1								PPROVA	۱L
	UNITED	STATES		RITIES A shington			E COMMISSION	N OMB Number:	3235-	0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 16. Form 4 or Form 5 obligations Mathington, Decenario STATEMENT OF CHANGES IN 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 Sect 30(h) of the Investment Company Act of 1940						Estimated burden hou response	Estimated average burden hours per response 0.5			
1(b).										
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> Balo Andrew K			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			DEXCOM INC [DXCM]				(Check all applicable)			
(Last) (First) (Middle) C/O DEXCOM, INC., 6340 SEQUENCE DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2008			Director 10% Owner X_ Officer (give title Other (specify below) below) SVP, Regulatory and Clinical				
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEGO, C	CA 92121							More than One R		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative S	Securities A	cquired, Disposed	of, or Beneficia	lly Owne	d
	ransaction Date nth/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	Code		A) or of (D)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip
Reminder: Report o	n a separate line	e for each cla	ss of sec	urities bene	ficially own	ed directly	or indirectly.			
report o	. a separate find			intros bene	Persor inform require	ns who res ation cont ed to resp /s a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amour
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securit
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired ( or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Incentive Stock Option (Right to Buy)	\$ 7.63	05/19/2008		А	10,418		<u>(1)</u>	05/19/2018	Common Stock	10,4
Non-Qualified Stock Option (Right to Buy)	\$ 7.63	05/19/2008		А	89,582		<u>(1)</u>	05/19/2018	Common Stock	89,5

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
Balo Andrew K C/O DEXCOM, INC. 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			SVP, Regulatory and Clinical				
Signatures							

Date

### Signatures

By: Jess Roper For: Andrew	05/21/2008
K. Balo	03/21/2008

\*\*Signature of Reporting Person

# **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) The option vests and becomes exercisable as to 1/48th each month beginning one month following the date of grant and becomes fully vested on the 48th month anniversary of the date of grant.
- (2) Not applicable.

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.