DEXCOM INC Form 4 May 21, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005 Estimated average burden hours per

OMB APPROVAL

3235-0287

0.5

OMB

Number:

response...

5. Relationship of Reporting Person(s) to

Issuer

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

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

2. Issuer Name and Ticker or Trading

DEXCOM INC [DXCM]

Symbol

1(b).

(Print or Type Responses)

SKYLER JAY S

Stock

1. Name and Address of Reporting Person *

		DLACC	(Check all applicab			e)				
(Last) C/O DEXCO SEQUENCE	OM, INC., 6340	3. Date of (Month/D) 05/19/20	•	ansaction			_X_ Director Officer (gives below)	109	% Owner ner (specify	
(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
SAN DIEGO	O, CA 92121	Filed(Mon	nth/Day/Year)			Applicable Line) _X_ Form filed by Form filed by Person	One Reporting P More than One R		
(City)	(State) (Zip) Tabl	e I - Non-D	erivative :	Securi	ities Acc	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securi on(A) or D (D) (Instr. 3,	4 and (A) or	d of 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	05/19/2008		A	3,932	A	\$ 7.63	124,061	I	By Trust	
Common Stock							9,950	D		
Common Stock							10,000	I	by Daughter	
Common Stock							10,000	I	by Spouse	

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

(2)

Edgar Filing: DEXCOM INC - Form 4

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.

SEC 1474 (9-02)

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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securit (Instr. 3 and 4)	
	security			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (Right to Buy)	\$ 7.63	05/19/2008		A	31,464	(3)	05/19/2018	Common Stock	31,4

Reporting Owners

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

SKYLER JAY S C/O DEXCOM, INC. 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121



Signatures

By: Jess Roper For: Jay S. Skyler 05/21/2008

**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) Shares are held by Jennifer Skyler Living Trust, with respect to which the Reporting Person is a Trustee.
- (2) The Reporting Person disclaims beneficial ownership of these securities and this report shall not be deemed an admission that the Reporting Person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
- (3) The option vests and becomes exercisable as to 1/12th each month beginning one month following the date of grant and becomes fully vested on the first anniversary of the date of grant.
- (4) 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.

Reporting Owners 2

Edgar Filing: DEXCOM INC - Form 4

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.