## Edgar Filing: DEXCOM INC - Form 4

| DEXCOM IN   | NC   |   |  |  |          |                      |  |  |                          |
|---|--|---|--|--|----------|----------------------|--|--|--------------------------|
| Form 4  | 6 2006   |   |  |  |          |                      |  |  |                          |
| September 20  | _  |   |  |  |          |                      |  |  | PROVAL                   |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549          |  |   |  |  |          |                      | OMB<br>OMB<br>Number:  | 3235-0287  |                          |
| if no long<br>subject to<br>Section 1<br>Form 4 of<br>Form 5<br>obligation<br>may conti | Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |   |  |  |          |                      | e Act of 1934,<br>1935 or Section  | Expires: January 31<br>2009<br>Estimated average<br>burden hours per<br>response 0.9 |                          |
| (Print or Type R  | Responses)   |   |  |  |          |                      |  |  |                          |
|   | ddress of Reporting F<br>RRANCE H  | Symbol  | r Name <b>and</b><br>DM INC []         |  | Tradiı   | ıg                   | 5. Relationship of<br>Issuer   | Reporting Pers   |                          |
| (Last)<br>5555 OBER   | (First) (M   |   | f Earliest Tra<br>Day/Year)<br>.006    | ansaction                              |          |                      | X Director<br>Officer (give<br>below)  | 10%  | )<br>Owner<br>r (specify |
|   | (Street)   |   | endment, Dat<br>nth/Day/Year)          | -                                      | l        |                      | 6. Individual or Jo<br>Applicable Line)<br>_X_ Form filed by C   | One Reporting Pe   | rson                     |
| SAN DIEGO   | O, CA 92121  |   |  |  |          |                      | Form filed by M<br>Person  | lore than One Re   | porting                  |
| (City)  | (State) (  | (Zip) Tab   | le I - Non-D                           | erivative                              | Secur    | ities Acq            | uired, Disposed of   | , or Beneficial  | ly Owned                 |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year)  | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securit<br>n(A) or Di<br>(Instr. 3, | spose    | d of (D)             | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)                 |                          |
| Common<br>Stock   | 09/22/2006   |   | Code V<br>A                            | Amount<br>168                          | (D)<br>A | Price<br>\$<br>10.46 |  | Ι  | by IRA                   |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transact<br>Code<br>(Instr. 8) | ction<br>C<br>3) I<br>S<br>A<br>(<br>I<br>C<br>C<br>( | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |     | 3                   |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--------------------------------------|---|--|-----|---------------------|--------------------|---|--|---|---|
|   |   |   | Code N                               |   | 4, and<br>(A) (  | (D) | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| <b>Reporting Owner Name / Address</b> | Relationships |           |         |       |  |  |  |  |  |
|---------------------------------------|---------------|-----------|---------|-------|--|--|--|--|--|
|                                       | Director      | 10% Owner | Officer | Other |  |  |  |  |  |
| GREGG TERRANCE H                      |               |           |         |       |  |  |  |  |  |
| 5555 OBERLIN DRIVE                    | Х             |           |         |       |  |  |  |  |  |
| SAN DIEGO, CA 92121                   |               |           |         |       |  |  |  |  |  |
| Signatures                            |               |           |         |       |  |  |  |  |  |
| By: Jess Roper For: Terrance H        | I. 09/26/2006 |           |         |       |  |  |  |  |  |
| Gregg                                 |               | 07/20/2   | 000     |       |  |  |  |  |  |
| **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).

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.