Edgar Filing: SAYER KEVIN R - Form 4

CAVED REVIND

Form 4											
March 12, 2 FORN	ΠΛ	Washington, D.C. 20549 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 Section 20(b) of the Lorent Company Act of 1935 or Section							OMB APPROVAL OMB 3235-0287		
Check th if no lon subject to Section 2 Form 4 Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed pu ons tinue. Section 17								burden hour response	ires: January 31, 2005 mated average den hours per	
(Print or Type	Responses)										
SAYER KEVIN R Symbol							5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Date of (Month/E 6340 SEQUENCE DRIVE 03/08/2 (Street) 4. If Ame			e of Earliest Transaction h/Day/Year) 8/2012				(Check all applicable) X_ Director 10% Owner X_ Officer (give title Other (specify below) below) President				
			onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAN DIEG	O, CA 92121						-	Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securitie onor Disposed (Instr. 3, 4 a Amount	l of (È))	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	03/08/2012			А	125,000 (1)	A	\$ 0.001	242,460 <u>(2)</u>	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. onNumber 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	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

er

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Oth			
SAYER KEVIN R 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121	Х		President				
Signatures							
By: Jess Roper For: Kevin R. Saver		03/12/2012					

<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).

Represents a grant of restricted stock units that are exempt from Section 16 b-3 and are subject to vesting over a 36 month period from the(1) date of grant as follows: 1/3 shall vest 12 months from the Grant Date, and the remaining balance shall vest in four equal installments over the following 24 months. Share units represent a contingent right to receive one share of DexCom, Inc. common stock.

Included in this number are 98,886 restricted stock units subject to vesting over a 36 month period following the grant date of June 1,

(2) 2011 as follows: 1/3 shall vest 12 months from the Grant Date, and the remaining balance shall vest in four equal installments over the following 24 months.

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.