Edgar Filing: DEXCOM INC - Form 4

DEXCOM I	NC											
Form 4												
June 05, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									r	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check th	is box		v v ci	, migton,	D.C. 2 0	547				January 31,		
if no long		MENT O	F CHAN	GES IN	BENEF	ICIA		NERSHIP OF	Expires:	2005		
subject to Section 1	5			SECUR					Estimated average burden hours per			
Form 4 o									response			
Form 5	n a 1						U	e Act of 1934,				
obligatio may cont				•	•	· ·	•	f 1935 or Sectio	n			
See Instr		30(h)) of the In	vestment	Compar	iy Ac	t of 194	40				
1(b).												
(Print or Type I	Responses)											
(I IIII of I Jpo I	(tesponoes)											
1. Name and A	Address of Reporting	Person <u>*</u>	2. Issuer	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
TOPOL ERIC Symbol								Issuer				
			DEXCO	DM INC [DXCM]			(Chec	k all applicable			
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(Chee	k an applicable	<i>z)</i>		
			(Month/D	n/Day/Year)			_X_ Director 10% Owner					
			06/03/2	/03/2015				Officer (give title Other (specify below)				
(Street) 4. If Ar			1 If Ame	Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				nth/Day/Year)				Applicable Line)				
1 neu(tron				(li) Day (Cal)				_X_ Form filed by One Reporting Person				
SAN DIEG	O, CA 92121							Form filed by N Person	Nore than One Re	eporting		
(City)	(State)	(Zip)	T . 1.1	I N. D		C	•	·	e De			
	× /	-					_	uired, Disposed of		-		
1.Title of Security	2. Transaction Dat (Month/Day/Year)		med on Date, if	3. Transactio	4. Securi			5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)	(Wonthin Day) Tear	any	JII Date, II	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct			
		(Month/	Day/Year)	(Instr. 8)				Owned	(D) or	Ownership		
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)	(1150. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common	06/02/2015				4,573		\$	4.572	D			
Stock	06/03/2015			А	(1)	А	0.001	4,573	D			
Common										Family		
Stock								90,215	Ι	Holdings		
50001										Bo		

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,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
TOPOL ERIC 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121	Х						
Signatures							
By: John D. Lister For: Eric J. Topol		06/05/201	.5				

<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).
- (1) Share units are restricted and subject to vesting in one annual installment from the date of grant. Share units represent a contingent right to receive one share of DexCom, Inc. common stock.

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.