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DEVCOMING

DEXCOM	INC								
Form 4									
September (01, 2016								
FORM	OMB AF	PPROVAL							
Washington, D.C. 20549						3235-0287			
Check this box if no longer critering on chieve the DEDUCIAL ONVDED SHIP OF					Expires:	January 31, 2005			
subject t Section Form 4	16. STATEMENT	OF CHANGES IN BEI SECURITI		ERSHIP OF	Estimated a burden hour response	verage			
Form 5 obligatio may cor <i>See</i> Inst 1(b).	$\frac{1}{1}$ Section $17(a)$ of the section 17	o Section 16(a) of the Se e Public Utility Holding h) of the Investment Cor	Company Act of	1935 or Section					
(Print or Type	Responses)								
	Address of Reporting Person <u>*</u> ERRANCE H	2. Issuer Name and Tick Symbol DEXCOM INC [DX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (Middle)	3. Date of Earliest Transa	3. Date of Earliest Transaction (Check						
6340 SEQU	JENCE DRIVE	(Month/Day/Year) 08/30/2016	(Month/Day/Year) 08/30/2016			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Executive Chairman			
	(Street)	4. If Amendment, Date O	riginal	5. Individual or Joi	nt/Group Filin	g(Check			
		Filed(Month/Day/Year)		Applicable Line)	D (' D				
SAN DIEG	O, CA 92121			X_ Form filed by Or Form filed by Mo Person					
(City)	(State) (Zip)	Table I - Non-Deriv	ative Securities Acqu	ired, Disposed of,	or Beneficiall	ly Owned			
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		on Date, if Transactionor D Code (Inst	curities Acquired (A) isposed of (D) r. 3, 4 and 5) (A) or	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	00/00/00/0	Code V Am	\$			by Trust			
Stock	08/30/2016	S 10,0	000 D 92.1356 (1)	76,622	Ι	<u>(2)</u>			
Common Stock				451,486	D				
Common Stock				11,461	Ι	by IRA			

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

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information contained in this form are not
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(9-02)

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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)

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
GREGG TERRANCE H 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121	Х		Executive Chairman			
Signatures						
By: Jess Roper For: Terrance H Gregg	[.	09/01/2	016			

<u>**Signature of Reporting Person</u>

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).

This transaction was executed in multiple trades at prices ranging from \$92.00 to \$92.45. The price above reflects the weighted average
 (1) sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

(2) Shares are held by the Gregg Family Trust U/A/D 12/23/1998, with respect to which the reporting person is a trustee.

Date

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.