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DEXCOM	INC									
Form 4	12 2016									
September FORM	ЛЛ	TATES SECU				ANGE CO	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Washington, D.C. 20549Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIESSource of the securities							Act of 1934, 935 or Section	Expires: January 20 Estimated average burden hours per response		
(Print or Type	Responses)									
MOY JEFFREY Sy			er Name an COM INC			0	5. Relationship of Reporting Person(s) to Issuer			
(Last)							(Check all applicable)			
6340 SEQU	/Day/Year) 2016	runsuetion			Director 10% Owner X Officer (give title Other (specify below) below) SVP, Operations					
	(Street) GO, CA 92121	Filed(M	nendment, D onth/Day/Yea	-	al		5. Individual or Joi Applicable Line) X_ Form filed by O Form filed by M Person	ne Reporting Pe	rson	
(City)	(State) (Zi	ip) Ta	ble I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	a	A. Deemed xecution Date, if ny Month/Day/Year)	Code (Instr. 8)	omr Dispos (Instr. 3, Amount	sed of		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	09/09/2016		J	8,333 (1)	D	\$ 95.8	68,000 <u>(2)</u>	D		
Common Stock	09/09/2016		J	6,666 (1)	D	\$ 95.8	61,334 <u>(2)</u>	D		
Common Stock	09/09/2016		J	8,333 (1)	A	\$ 95.8	52,181	Ι	by Trust (3)	
Common Stock	09/09/2016		J	6,666 (1)	A	\$ 65.8	58,847	Ι	by Trust (3)	
Common Stock	09/09/2016		D	4,445 (4)	D	\$ 93.7226	54,402	Ι	by Trust (3)	

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Common	09/09/2016	D	3,556 (4) D	\$ 93.7229 50,846	50.946	т	by Trust
Stock					30,840	1	(3)

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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							
Reporting o wher runte / runtess	Director	10% Owner	Officer	Other				
MOY JEFFREY 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			SVP, Operations					
Signatures								
By: Kevin Sun For: Jeffrey C. Moy		09/13/2016						

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 were transferred from direct ownership to ownership under the Moy Family Trust upon vesting of previously awarded restricted stock units.

Included in this number are 61,334 unvested restricted stock units, 33,000 of which were granted on March 8, 2016 and shall vest through March 8, 2019, 20,000 of which were granted on March 8, 2015 and shall vest through March 8, 2018 and 8,334 of which were granted on March 8, 2014 and shall vest through March 08, 2017.

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- (3) Shares are held by the Moy Family Trust U/A/D 12/09/2013, with respect to which the reporting person is a trustee.
- (4) These shares were sold to cover the Company's tax withholding obligation that accrued in connection with the vesting of restricted stock units previously granted.

Remarks:

CONFIRMING STATEMENT: This Statement confirms that the undersigned Jeffrey Moy, has authorized and designated Ste

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.