Edgar Filing: DEXCOM INC - Form 4

DEVCOM INC

Form 4											
March 10, 20	Л	STATES					NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may conto <i>See</i> Instru- 1(b).	ger 6. 9 Filed pur 10 17 17 17 17 17 17 17 17 17 17	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 30(h) of the Investment Company Act of 1940								Expires: January 31, Expires: 2005 Estimated average burden hours per response 0.5	
(Print or Type I	Responses)										
Abbey Donald Symbol				uer Name and Ticker or Trading I COM INC [DXCM]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month				ate of Earliest Transaction nth/Day/Year) 08/2017				Director 10% Owner X Officer (give title Other (specify below) below) EVP Quality			
				mendment, Date Original Month/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 M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securiti or(A) or Dis (Instr. 3, 4) Amount	posed	of (D)) Price	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	03/08/2017			А	27,510 (1)	А	\$ 0.001	82,510 <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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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				
Abbey Donald 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			EVP Quality					
Signatures								
By: Timothy O'Brien For: Don Abbey	ald M.	03/10/2017						
<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 date of grant as follows: 1/3 shall vest 12 months from the Grant Date, and the remaining balance shall vest in four equal

- (1) 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 82,510 unvested restricted stock units, 27,510 of which were granted on March 8, 2017 and shall vest (2)through March 8, 2020 and 55,000 of which were granted on May 31, 2016 and shall vest through May 31, 2019.

Remarks:

This Statement confirms that the undersigned Donald Abbey, has authorized and designated Steve Pacelli, Jess Roper, Kevin S

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.