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Form 4											
Washington, D.C. 20549 Number:									3235-0287 January 31, 2005 Iverage		
(Print or Type I	Responses)										
Leach Jacob Steven S			2. Issuer Name and Ticker or Trading Symbol DEXCOM INC [DXCM]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. D (Mo				3. Date of Earliest Transaction Month/Day/Year))3/08/2018				(Check all applicable) <u>X</u> Director 10% Owner (X_ Officer (give title Other (specify below) SVP, Research & Development			
				endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
SAN DIEG	O, CA 92121							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	n Date, if	3. Transactic Code (Instr. 8) Code V	4. Securiti or(A) or Dis (Instr. 3, 4 Amount	posed	of (D)	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	03/08/2018			А	30,093 (1)	A	\$ 0.001	106,331 <u>(2)</u>	D		
Common Stock								12,000	I	Family Holdings	
Common Stock								50,100	Ι	by Spouse (4)	

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

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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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title Amoun Underly Securiti (Instr. 3	it of ying ies	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	o Title M	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	ress Relationships							
	Director	10% Owner	Officer	Other				
Leach Jacob Steven 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			SVP, Research &	Development				
Signatures								
By: Timothy O'Brien For: Jaco Leach	b S.	03/12	2/2018					
<u>**</u> Signature of Reporting Person		Da	nte					

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 56,182 unvested restricted stock units, 30,093 of which were granted on March 8, 2018 and shall vest through
 (2) March 8, 2021, 15,422 of which were granted on March 8, 2017 and shall vest through March 8, 2020 and 10,667 of which were granted on March 8, 2016 shall vest through March 8, 2019.
- (3) Shares are held by the Gregg Family Grandchildren's Trust UAD 12/30/2010, with respect to which the reporting person's spouse is a trustee.
- (4) Shares are held by the Kyndra S. Leach Trust UAD 12/12/2012, with respect to which the reporting person's spouse is a trustee.

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.