## Edgar Filing: DEXCOM INC - Form 4

DEVCOMING

Form 4											
June 04, 201	_								OMB AF	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box				vasinigton, D.C. 2004)					Expires:	January 31,	
if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to S				SECUR	RITIES				Estimated a burden hou response		
obligatic may con <i>See</i> Instr 1(b).	Section 17(a	a) of the Pub	blic Uti	lity Hold		npany	Act of	1935 or Section	1		
(Print or Type	Responses)										
SKYLER JAY S Symbol			mbol	Issuer Name <b>and</b> Ticker or Trading nbol XCOM INC [DXCM]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N			Earliest Tr				(Checl	k all applicable	;)	
			/Ionth/Da	th/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				endment, Date Original onth/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)	Table	I - Non-E	Derivative S	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (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	05/31/2013			А	11,848 (1)	А	\$ 0.001	133,823	D		
Common Stock								10,000	I	by Daughter $(2)$	
Common Stock								10,000	Ι	by Spouse $(3)$	
Common Stock								132,061	Ι	by Trust	

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

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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. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo
				Disposed of (D)						Trans (Instr
				(Instr. 3, 4, and 5)						
								Amount		
					Date Exercisable	Expiration Date	Title	or Number		
			Code V	(A) (D)	Excretsable	Date		of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
I B	Director	10% Owner	Officer	Other			
SKYLER JAY S 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121	Х						
Signatures							
By: Jess Roper For: Jay S. Skyler	C	6/04/2013					
<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.
- (2) Shares are held by Jennifer Skyler Living Trust, with respect to which the Reporting Person is a trustee.
- (3) The reporting person disclaims beneficial ownership of these securities and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

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.