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DEXCOM I Form 4 March 10, 2	015							OMB AF	PPROVAL		
FORM	/1 4 UNITED ST	ATES SECU	RITIES A	AND EX	CHA	NGE C	OMMISSION	OMB			
Check th	his hox	W	ashington	, D.C. 20	549			Number:	3235-0287		
if no lon	iger STATEME	ΝΤ ΟΓ CHA	VERSHIP OF	Expires:	January 31, 2005						
subject t Section Form 4 c	16. or		SECUI	RITIES		Estimated a burden hou response	•				
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type	Responses)										
MOY JEFFREY S			2. Issuer Name and Ticker or Trading Symbol DEXCOM INC [DXCM]				5. Relationship of Reporting Person(s) to Issuer				
(Last)						(Check all applicable)					
(Mon			3. Date of Earliest Transaction Month/Day/Year) 03/08/2015				Director 10% Owner X_Officer (give title Other (specify below) SVP, Operations				
	mendment, Date Original			6. Individual or Joint/Group Filing(Check							
				-	l			mi/Oroup 1 mi	Ig(Check		
SAN DIEG	O, CA 92121		onth/Day/Yea	-	l		Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	rson		
SAN DIEG (City)	O, CA 92121 (State) (Zi	Filed(M	onth/Day/Yea	r)		ities Acq	Applicable Line) _X_ Form filed by C	One Reporting Pe lore than One Re	rson porting		
	(State) (Zi 2. Transaction Date 2 (Month/Day/Year) E a	Filed(M p) Ta	onth/Day/Yea ble I - Non-J 3. Transacti Code	r)	Securi ies Ac sposed 4 and 5 (A)	quired l of (D)	Applicable Line) _X_ Form filed by C Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	One Reporting Pe lore than One Re	rson porting ly Owned 7. Nature of Indirect		
(City) 1.Title of Security (Instr. 3)	(State) (Zi 2. Transaction Date 2 (Month/Day/Year) E a	Filed(M ^{p)} Ta A. Deemed xecution Date, if ny	onth/Day/Yea ble I - Non-J 3. Transacti Code	r) Derivative 4. Securit or(A) or Di (Instr. 3, 4)	Securi ies Ac sposed 4 and 5	quired l of (D)	Applicable Line) _X_ Form filed by C Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported	One Reporting Pe lore than One Re 6. Ownership Form: Direct (D) or Indirect (I)	rson porting ly Owned 7. Nature of Indirect Beneficial Ownership		
(City) 1.Title of Security	(State) (Zi 2. Transaction Date 2 (Month/Day/Year) E a	Filed(M ^{p)} Ta A. Deemed xecution Date, if ny	onth/Day/Yea ble I - Non- 3. Transacti Code) (Instr. 8)	r) Derivative 4. Securit or(A) or Di (Instr. 3, 4)	Securi ies Ac sposed 4 and 5 (A) or	quired l of (D) 5)	Applicable Line) _X_ Form filed by C Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	One Reporting Pe lore than One Re 6. Ownership Form: Direct (D) or Indirect (I)	rson porting ly Owned 7. Nature of Indirect Beneficial Ownership		
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(City) 1.Title of Security (Instr. 3) Common Stock Common Stock Common	(State) (Zi 2. Transaction Date 2 (Month/Day/Year) E a (1) 03/08/2015 03/08/2015	Filed(M ^{p)} Ta A. Deemed xecution Date, if ny	onth/Day/Yea ble I - Non-J 3. Transacti Code) (Instr. 8) Code V A J	r) Derivative 4. Securiti or(A) or Di (Instr. 3, 4) Amount 40,000 (1) 7,292 (3) 16,667	Securi ies Ac sposed 4 and 5 (A) or (D) A D	quired of (D) 5) Price \$ 0.001 \$ 59.59 \$	Applicable Line) _X_ Form filed by C Form filed by M Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 122,292 (2) 115,000 (2)	Due Reporting Pellore than One Re ore than One Re 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) D	rson porting ly Owned 7. Nature of Indirect Beneficial Ownership		

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	9. Nu
of Derivative	Deriv
ing Security	Secu
es (Instr. 5)	Bene
and 4)	Owne
	Follo
	Repo
	Trans
	(Instr
mount	
	ing Security es (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
reporting o the rante trade of	Director	10% Owner	Officer	Other		
MOY JEFFREY 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			SVP, Operations			
Signatures						
By: Jess Roper For: Jeffrey C. Moy		03/10/2015				

Date

**Signature of Reporting Person

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 98,333 unvested restricted stock units, 40,000 of which were granted on March 8, 2015 and shall vest through
 (2) March 8, 2018, 33,333 of which were granted on March 08, 2014 and shall vest through March 08, 2017, and 25,000 of which were granted on March 11, 2013 and shall vest through March 11, 2016.
- (3) Shares were transferred from direct ownership to ownership under the Moy Family Trust upon vesting of previously awarded restricted stock units.

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(4) Shares are held by the Moy Family Trust U/A/D 12/09/2013, with respect to which the reporting person 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.