Edgar Filing: ALTMAN STEVEN R - Form 4

ALTMAN S Form 4	STEVEN R												
August 28, 2 FORM Check th if no lon subject t Section Form 4 o Form 5 obligatio may con See Instr 1(b).	A 4 UNITED his box ger o 16. or Filed pu Section 17	MENT OF rsuant to S (a) of the F	Wa F CHA ection Public U	ashingt NGES SEC 16(a) o Utility H	ton IN CUF of th Hol	, D.C. 2 BENE RITIES ne Secu Iding Co	2054 FIC	9 IAL OWN Exchange	OMMISSION NERSHIP OF Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated burden hou response	urs per		
(Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> ALTMAN STEVEN R			2. Issuer Name and Ticker or Trading Symbol DEXCOM INC [DXCM]						5. Relationship of Reporting Person(s) to Issuer				
(Last) 6340 SEQU	(Last) (First) (Middle) 3. Date			of Earliest Transaction /Day/Year) /2018					_X_ Director	(Check all applicable) rector 10% Owner ficer (give title Other (specify below)			
				(Month/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 				
(City)	(State)	(Zip)	Tal	ble I - No	on-]	Derivativ	ve Sec		Person iired, Disposed of,	or Beneficia	llv Owned		
	2. Transaction Date (Month/Day/Year)	2A. Deemec Execution D any (Month/Day	d 3. 4. Securities Acquired (A) Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) y/Year) (Instr. 8) (A) or			cquired (A) (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	08/24/2018			S		5,000	(D) D	\$ 136.4718	6 0	Ι	By Foundation		
Common Stock									3,449	D			
Common Stock									57,855	Ι	by Trust (3)		

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day, e	Date Exercisable and piration Date onth/Day/Year)		le and int of rlying ities . 3 and 4)	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	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ALTMAN STEVEN R 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121	Х						
Signatures							
By: Kevin Sun For: Steven R. Altman		08/28/201	8				
**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).

This transaction was executed in multiple trades at prices ranging from \$136.47 to \$136.56. The price above reflects the weighted average
 (1) sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

- (2) Shares held by The Lisa and Steve Altman Family Foundation with respect to which the reporting person is an authorized agent.
- (3) Shares are held by the Steven R. and Lisa J. Altman, TTEE's Altman Family Trust DTD 8/21/92, 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.