Edgar Filing: ACE HEATHER S - Form 4

ACE HEAT	HER S									
Form 4	2010									
August 27, 2										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	UNITED							OMB Number:	3235-0287	
Check the check	ger	Washington, D.C. 20549							January 31,	
subject t		NGES IN BENEFICIAL OWNER				Expires: Estimated a	2005 verage			
Section		SECU	RITIES				burden hours per			
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
obligatio	ons Section 17					-	1935 or Section			
may con <i>See</i> Inst	lunue.		e Investmer	•	-	•				
1(b).	uotion			-	•					
(Print or Type	Responses)									
1. Name and ACE HEA	. Issuer Name and Ticker or Trading mbol			5. Relationship of Reporting Person(s) to Issuer						
		-	DEXCOM INC [DXCM]							
			ate of Earliest Transaction			(Check all applicable)				
			nth/Day/Year)				Director		Owner	
6340 SEQUENCE DRIVE 08/23/			23/2018				X Officer (give t below)	itle Other below)	r (specify	
							SVP Hu	iman Resource	S	
			Amendment, I	endment, Date Original			6. Individual or Joint/Group Filing(Check			
			(Month/Day/Ye	ear)			Applicable Line) _X_ Form filed by One Reporting Person			
SAN DIEG	O, CA 92121						Form filed by Mo Form filed by Mo Person			
(City)	(State)	(Zip)	Fable I - Non	-Derivativ	e Secu	irities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code	4. Securi oror Dispos (Instr. 3,	sed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	()		
Common Stock	08/23/2018		D	3,061 (1)	D	\$ 141.591	6 $71,171 (2)$	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	7. Titl Amou Under Secur (Instr.	int of lying	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			
ACE HEATHER S 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			SVP Human Resources				
Signatures							
By: Kevin Sun For: Heather S. Ace		08/27/2018					
**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 the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the
 (1) vesting of RSUs. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.

Included in this number are 58,431 unvested restricted stock units, 30,093 of which were granted on March 8, 2018 and shall vest through

(2) March 8, 2021, 14,588 of which were granted on March 8, 2017 and shall vest through March 8, 2020 and 13,750 of which were granted on August 22, 2016 and shall vest through August 22, 2020.

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.