## Edgar Filing: ACE HEATHER S - Form 4

ACE HEAT	HER S											
Form 4	210											
March 12, 20										PROVAL		
FORM	14 UNITED	STATES					NGE C	COMMISSION	OMB OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. Statement of change Statement of change Filed pursuant to Section 16(a) Section 17(a) of the Public Utility					ington, D.C. 20549 ES IN BENEFICIAL OWNERSHIP OF SECURITIES a) of the Securities Exchange Act of 1934, ity Holding Company Act of 1935 or Section estment Company Act of 1940				Expires:January 3Expires:200Estimated averageburden hours perresponse0.			
1(b).	uction					,						
(Print or Type I	Responses)											
ACE HEATHER S Symbol				er Name <b>and</b> Ticker or Trading OM INC [DXCM]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)			f Earliest Tr				(Checl	k all applicable	)		
(Month/D 6340 SEQUENCE DRIVE 03/08/20 (Street) 4. If Ame				n/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below) SVP Human Resources				
				nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
SAN DIEG	O, CA 92121							_X_ Form filed by C Form filed by M Person	One Reporting Per lore than One Re			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		ed Date, if	3. Transactic Code	4. Securiti or(A) or Dis (Instr. 3, 4 Amount	ies Ac sposed	quired 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		
Common Stock	03/08/2018			А	30,093 (1)	А	\$ 0.001	76,859 <u>(2)</u>	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
ACE HEATHER S 6340 SEQUENCE DRIVE SAN DIEGO, CA 92121			SVP Human Resources					
Signatures								
By: Timothy O'Brien For: Heather Ace		03/12/2	03/12/2018					
<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).

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 65,306 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 20,625 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.