

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
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1. Name and Address of Reporting Person* <u>Malady Kyle</u>			2. Date of Event Requiring Statement (Month/Day/Year) 10/11/2020		3. Issuer Name and Ticker or Trading Symbol <u>DEXCOM INC [DXCM]</u>	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director Officer (give title below)			10% Owner Other (specify below)
6340 SEQUENCE DRIVE			5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) SAN DIEGO CA 92121			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)						

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

By: Jereme Sylvain For: Kyle Malady 10/13/2020

** Signature of Reporting Person

Date

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

* If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

KNOW ALL BY THESE PRESENTS, that the undersigned hereby constitutes and appoints each of Steven Pacelli, Quentin Blackford, Jereme Sylvain

1. do and perform all acts for and on behalf the undersigned which may be necessary or desirable to apply for, obtain and maintain EDGAR
2. execute for and on behalf of the undersigned, in the undersigned's capacity as an officer or director or both of DexCom, Inc. (the "C
3. do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any
4. seek or obtain, as the undersigned's representative and on the undersigned's behalf, information on transactions in the Company's se
5. take any other action in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the l

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever
The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request and on the behalf of the unde
This Limited Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 or 5 w
IN WITNESS WHEREOF, the undersigned has executed this Limited Power of Attorney as of this 12th day of October, 2020.

KYLE MALADY
Signature

Kyle Malady
Printed Name