

Information Sheet

Please list your purchase and sale transaction(s) in DexCom, Inc. (NASDAQ: DXCM) securities between July 26, 2024, and September 17, 2025, (the "Class Period"), in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to info@ktmc.com or scan the QR code below. You may also submit your information online at www.ktmc.com/newcases.

First Name Address Telephone Number			Last Name City, State, Zip Email Address (non-work - please print clearly)								
						Current Employer			Signature		
						PURCHASES			SALES		
Buy Date	# Shares	Price per Share	Sell Date	# Shares	Price per Share						
		od transactions and/o	r transactions in relate sary.	ed securities (options, bonds, or						
Are you a current of Yes / No (Circle)	r former em	ployee of DexCom, I	nc.? Did you purcha prior to the Cla Yes / No (Circ	ass Period?	DexCom, Inc.						
LLP or you to file a lead p Meltzer & Check, LLP, in Check, LLP will contact y authorizing us to contact y	plaintiff motion its sole discreti you to discuss the you by email, ph	in this matter. Any information, believes that you might ne matter and whether to etone or by other means rega	aship, nor an obligation on the ation you submit will be main to be an appropriate lead plain stablish an attorney client relating this case. You are also k you, and please do not hesion	ntained as confide tiff candidate, Ke lationship. By sig authorizing and r	ential. If Kessler Topaz essler Topaz Meltzer & ning this form you are equesting us to contact						
If you do not want to	he contacted	regarding future cases	nlease indicate that by	checking this	hox \square						