

## **Information Sheet**

Please list your purchase and sale transaction(s) in Dexcom, Inc. (NASDAQ: DXCM) securities between January 8, 2024 to July 25, 2024, (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 <a href="mailto:info@ktmc.com">info@ktmc.com</a> or scan the QR code below. You may also submit your information online at <a href="https://www.ktmc.com/newcases">www.ktmc.com/newcases</a>.

**回燃料料** 

First Name			Last Name				
Address  Telephone Number  Current Employer				City, State, Zip  Email Address (non-work - please print clearly)			
				PURCHASES			;
Buy Date	# Shares	Price per Share		Sell Date	# Shares	Price per Share	
Please list additiona preferred stock) on				nsactions in relat	ed securities (	options, bonds, or	
Are you a current or former employee of <b>Dexcom</b> , I <b>Yes / No (Circle)</b>				? Did you purchase shares <b>Dexcom</b> , <b>Inc.</b> prior to the Class Period? <b>Yes / No (Circle)</b>			

If you do not want to be contacted regarding future cases, please indicate that by checking this box.

Check, LLP will contact you to discuss the matter and whether to establish an attorney client relationship. By signing this form you are authorizing us to contact you by email, phone or by other means regarding this case. You are also authorizing and requesting us to contact you by email, phone or by other means regarding future cases. Thank you, and please do not hesitate to contact us with any questions.