| SEC | Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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0.5

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1 Title of Coouris | hy (Inotr 2) | | 2 Transaction | 24 Deemed | 2 | 4 Securities Acquired (A) | or | 5 Amount of | 6 Ownership | 7 Nature of | |
|---|--------------|-----------------|----------------------|---|----------------|--|--|----------------------------|------------------|-------------|--|
| | | Table I - Nor | n-Derivative | Securities Acq | uired, Dis | posed of, or Benefi | cially | Owned | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | | 32121 | | | | | | Form filed by Mo Person | re than One Rep | orting | |
| (Street) | CA | 92121 | | | - | , | Line) | Form filed by On | e Reporting Pers | on | |
| | | | 4. If A | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indi | vidual or Joint/Group | Filing (Check A | pplicable | |
| 11075 ROSEL | | 5/11(L), 11(C), | | | | | | | | | |
| C/O TANDEM | DIABETES (| CARE, INC. | 06/14 | 4/2018 | | | | EVP, CHIEF OPE | ERATING OFI | FICER | |
| (Last) (First) (Middle) | | 3. Dat | e of Earliest Transa | ction (Month/D | Day/Year) | X | Officer (give title below) | below) | , | | |
| 1. Name and Address of Reporting Person [*] Sheridan John F | | | | uer Name and Ticke NDEM DIABI | | ^{ymbol} <u>RE INC</u> [TNDM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| | | | 0.00 | | | | | | | | |

| Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|------------------------------|--|--|-----------------------------|---|--|---------------|-------|------------------------------------|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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. Transa Code (8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|------------|-----|--|--------------------|---|-------------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Stock Options ⁽¹⁾ | \$18.86 | 06/14/2018 | | A | | 100,000 | | (2) | (3) | Common Stock | 100,000 | \$0.00 | 100,000 | D | |

Explanation of Responses:

1. Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan.

2. All shares subject to the option will vest as to 50% on 6/14/2019 and the remainder in 12 equal monthly installments thereafter

3. The expiration date for these options is 10 years from the date of grant.

Remarks:

David B. Berger, Attorney-in-Fact for John F. Sheridan

06/15/2018

** 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 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).

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.