FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAI	_ OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

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

	nd Address of er <u>Leigh</u>	Reporting Person*						er or Tradin			C [ TND	M ] (Che	elationship o eck all applic Director	able)	Perso	on(s) to Issu 10% Ow Other (s)	ner
(Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC. 11075 ROSELLE STREET			00	3. Date of Earliest Transaction (Month/Day/Year) 06/14/2018							X Officer (give title Officer (specify below)  EVP and CFO						
(Street) SAN DIII (City)			92121 (Zip)	4.	If Ame	endment, C	Oate o	f Original Fi	led (N	Month/Da	ay/Year)	Line	X Form fi	led by One	Repo	(Check Appirting Person One Report	
		Та	ble I - Non-D	erivativ	ve Se	curities	Ac	quired, C	isp	osed c	of, or Be	neficially	/ Owned				
Date			Transaction te onth/Day/	Execution Date,		Code (Instr.			5. Amoun Securities Beneficia Owned Fo	s Forn lly (D) c ollowing (I) (II		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	,	Amount	(A) o	r Price	Transacti (Instr. 3 a	action(s)		1	1150.4)	
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)	Execution Date,	4. Transa Code ( 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour 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 Transaction(s)	is Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares		(Instr. 4)			
Stock Options <sup>(1)</sup>	\$18.86	06/14/2018		A		100,000		(2)		(3)	Common Stock	100,000	\$0.00	100,00	00	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 \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ thereafter \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ thereafter \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ thereafter \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ thereafter \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ thereafter \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ thereafter \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ thereafter \ and \ the \ remainder \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ installments \ in \ 12 \ equal \ monthly \ in \ 12 \ equal \ in \$
- 3. The expiration date for these options is 10 years from the date of grant.

## Remarks:

<u>David B. Berger, Attorney-in-</u> <u>Fact for Leigh A. Vosseller</u>

06/15/2018

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.