FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

to Section 16. Form 4 or Form obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  TWOMEY CHRISTOPHER J						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM]								heck all app X Direc	tor 10% C er (give title Other		to Issu 6 Owne er (spe	er	
(Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC. 11075 ROSELLE STREET						Date of Earliest Transaction (Month/Day/Year)     4/30/2020  4. If Amendment, Date of Original Filed (Month/Day/Year)									v)		belo		
(Street) SAN DII			2121 Zip)		4. If a	Amendi	ment,	Date (	of Origi	inal Fili	ed (Month/Da		. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date			3. Transaction Code (Instr. 8)					r 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	on(s) nd 4)			(mou.	"
Common Stock 04/30/2				04/30/20	20				S <sup>(1)</sup>		2,550 <sup>(2)</sup>	D	\$80	50,000		I		See Footnote <sup>(3)</sup>	
Common Stock 04/30/20				20			S <sup>(1)</sup>		1,758 <sup>(2)</sup>	D	\$80	25,000		I		See Footnotes <sup>(4)</sup>			
	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)	Execu if any	eemed ution Date, th/Day/Year)		Transaction of Code (Instr. Derivativ			Expiration Date Am (Month/Day/Year) Set Un Det			3 and 4	nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The shares were sold, pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 9, 2020.
- 2. The shares were originally purchased between 2008-2012 as Series B-Series D preferred stock.
- 3. The securities are held by the Chris J. Twomey and Rebecca J. Twomey Family Trust UTD September 20, 2002.
- 4. The securities are directly owned by Twomey Family Investments, LLC. The Reporting Person is co-manager of Twomey Family Investments, LLC and shares voting and investment power over the securities held by Twomey Family Investments, LLC and may be deemed to have indirect beneficial ownership of such shares. The Reporting Person disclaims beneficial ownership of such securities held by Twomey Family Investments, LLC, except to the extent of his proportionate pecuniary interest therein.

## Remarks:

s/ David B. Berger, Attorney-

05/04/2020 in-Fact for Christopher

**Twomey** 

\*\* 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.