FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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(	Check this box if no longer subject to
S	Section 16. Form 4 or Form 5
C	bligations may continue. See
- II	nstruction 1(h)

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 7										
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [ TNDM									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Sheridan John F</u>					11	TATADEM DIADETES CAIRE INC   TROM								"		Direc	ctor		10% C	wner	
					. [										X	Office	er (give title v)		Other (specify below)		
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									EVP, CHIEF OPERATING OFFICER						
C/O TANDEM DIABETES CARE, INC.,						11/15/2018															
11075 ROSELLE STREET																					
					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															ine) X	_					
SAN DIE	GO CA	A 9	92121														ing Pers				
					.										Form filed by More than One Reporting Person						
(City)	/C+	ate) (	Zip)													1 613	OII				
(City)	(31	ale) (	Ζιμ)																		
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					y/Year) Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Secu Bene Own		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	.	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/15/20					018(1)(	18(1)(2)			A		676	A \$		\$16	5.92	1,454		I	)		
		Та	ıble II -	Derivat							sed of, onvertib					vned					
						ans	, waii	ants,	Option	3, 0	Jiiveitib	10 3	Securi	ilics							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	Code (Ins				6. Date Exercisal Expiration Date (Month/Day/Year)		е	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nu of	nount mber ares							

## **Explanation of Responses:**

- 1. The reporting person is voluntarily reporting the acquisition of shares of common stock pursuant to the Tandem Diabetes Care, Inc. Amended and Restated 2013 Employee Stock Purchase Plan ("ESPP"), for the ESPP purchase period of June 15, 2018 through November 15, 2018. This transaction is also exempt under Rule 16b-3(c).
- 2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on June 15, 2018.

## Remarks:

David B. Berger, Attorney-in-Fact for John F. Sheridan 11/19/2018

\*\* 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.