FORM 4

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
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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. Name and Address of Reporting Person* TWOMEY CHRISTOPHER J (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TODA TODA TODA TODA TODA TODA TODA TODA									eck all app Direct	onship of Repor Il applicable) Director Officer (give title below)		10%	Owner er (specify
C/O TANDEM DIABETES CARE, INC., 11045 ROSELLE STREET					02/	3. Date of Earliest Transaction (Month/Day/Year) 02/09/2018									dividual a	v loint/Cvo	oue Fili	ing (Chaal	Applicable
(Street) SAN DIE			92121 Zip)		- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - N	on-Deriv	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefi	ciall	y Own	ed			
Date		2. Transac Date (Month/Da	y/Year) if a		2A. Deemed Execution Date, if any		3. Transaction Code (Instr. 8)					nd Securition Benefici Owned I		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) c	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			02/09/2	2018				P		50,000(1)	A	\$	\$2 52,550 ⁽²⁾ I See Foo				See Footnotes ⁽³⁾	
Common	Stock		02/09/20				18		P		25,000(1)	A	\$	52	26,7	758 ⁽²⁾			See Footnotes ⁽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)	if any	emed on Date, Day/Year)	4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount of Or Number of Shares		3 S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. The reporting person has committed to purchase shares in connection with the Company's underwritten registered public offering of common stock.
- 2. The amount of securities beneficially owned following the reported transactions reflects the 10 for 1 reverse stock split of the Issuer's issued and outstanding common stock which was effective on October 9,
- 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 owed 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-02/13/2018 in-Fact for Christopher J.

<u>Twomey</u>

** 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.