FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPR             | ROVAL     |
|---|----------------------|-----------|
|   | OMB Number:          | 3235-0287 |
| l | Estimated average bu | ırden     |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* <u>BLICKENSTAFF KIM D</u>               |  |  |   |         |  | 2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TODA TODA TODA TODA TODA TODA TODA TODA |       |  |                                    |   |                    |   |                |                       | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner  |                                       |  |   |  |  |
|--|--|--|---|---------|--|--|-------|--|------------------------------------|---|--------------------|---|----------------|-----------------------|--|---------------------------------------|--|---|--|--|
| (Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC., 11045 ROSELLE STREET     |  |  |   |         |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2018  |       |  |                                    |   |                    |   |                |                       | X Officer (give title Other (specify below)  PRESIDENT & CEO   |                                       |  |   |  |  |
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip)                                 |  |  |   |         | 4. If                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |       |  |                                    |   |                    |   |                |                       | Individual or Joint/Group Filing (Check Applicable Line)     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. Transact Date (Month/Day)                    |  |  |   |         |  | Execut<br>y/Year) if any   |       | . Deemed<br>ecution Date,<br>any<br>onth/Day/Year) |                                    | 3. 4. Securiti<br>Transaction Disposed<br>Code (Instr. 8) |                    | ties Acquired (A) o<br>Of (D) (Instr. 3, 4  |                |                       | and Securit  |                                       | ies<br>ially<br>Following  | Form<br>(D) o                                     | wnership<br>n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |  |  |   |         |  |  |       |  | Code                               | v   | Amount             |   | (A) or<br>(D)  | Price                 | Tropos   |                                       | ction(s)   |   |  | (11150.4)  |
| Common Stock 02/09/20  |  |  |   |         |  | 018(1)   |       |  | P                                  |   | 750,00             | 0   | A              | \$2                   |  | 1,236,494(2)                          |  |   | I  | See<br>footnote <sup>(3)</sup>                                     |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |         |  |  |       |  |                                    |   |                    |   |                |                       |  |                                       |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/D | n Date, | 4.<br>Transaction<br>Code (Instr<br>8) |  | on of |  | 6. Date E<br>Expiratio<br>(Month/E | on Dat  |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                |                       | Deri<br>Sec  | rice of<br>ivative<br>urity<br>tr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Owner:<br>Form:<br>Direct<br>or Indi<br>(I) (Inst | Ownership  | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |  |   |         | Code                                   |  | (A)   | (D)  |                                    |   | Expiration<br>Date | Title   | or<br>Nu<br>of | nount<br>mber<br>ares |  |                                       |  |   |  |  |

## **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, 2017
- $3.\ The\ securities\ are\ held\ by\ the\ Kim\ Blickenstaff\ Revocable\ Trust\ dated\ April\ 15,\ 2010.$

## Remarks:

/s/ David B. Berger, Attorneyin-Fact for Kim D. Blickenstaff 02/13/2018

\*\* 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.