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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(Check this box if no longer subject to
5	Section 16. Form 4 or Form 5
C	bligations may continue. See
- 1	nstruction 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* Sheridan John F					2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TODA TODA TODA TODA TODA TODA TODA TODA								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC., 11075 ROSELLE STREET					09/	3. Date of Earliest Transaction (Month/Day/Year) 09/06/2019									PRESID			
(Street)	Street) SAN DIEGO CA 92121					4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)															
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				ection	2A. Exe	Deem ecution		3. Transaction Code (Instr.			es Acquired Of (D) (Insti	d (A) or	5. A Sec Bei	mount of curities neficially ned Following	Fori	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Tra	oorted nsaction(s) itr. 3 and 4)			
Common Stock 09/06/2				/2019)		M		9,538(1)) A	\$2.5)	12,039		D			
Common	Common Stock 09/06/2			/2019	19		S ⁽²⁾		9,538	D	\$70.03	3(3)	2,501		D			
		Т	able II								osed of converti			/ Own	ed			
Derivative	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/E		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price Derival Securit (Instr. !	ive derivativ y Securitie	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Со	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Stock	\$2.59	09/06/2019			M			9,538	(4)		(5)	Common	9,538	\$0.0	32,12	29	D	

Explanation of Responses:

- 1. Represents shares of common stock received upon exercise of a stock option award.
- 2. The shares were sold, pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 6, 2019.
- 3. The price reported is the weighted average price. The shares were sold in multiple transactions at prices ranging from \$70.00 to \$70.05. The reporting person undertakes to provide the SEC, the issuer, and any security holder full information regarding the number of shares and the prices at which the shares were sold.
- $4.\ Fifty\ percent\ (50\%)\ of\ the\ underlying\ shares\ subject\ to\ the\ option\ vested\ on\ 12/1/2018,\ and\ the\ remaining\ shares\ shall\ vest\ in\ twelve\ (12)\ equal\ monthly\ installments\ thereafter\ thereafter\ on\ the percent\ (12)\ equal\ monthly\ installments\ thereafter\ on\ (12)\ equal\ monthly\ installments\ on\ (12)\ equal\ monthly\ installme$
- 5. The expiration date for these options is ten (10) years from the date of grant.

Remarks:

/s/David B. Berger, Attorneyin-Fact for John F. Sheridan

09/09/2019

** 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.