FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL				
OMB Number:	3235-0287				
Estimated average burd	en				
hours per response:	0.5				

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

							. ,				' '										
Name and Address of Reporting Person*							2. Issuer Name <b>and</b> Ticker or Trading Symbol TANDEM DIABETES CARE INC [ TNDM									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Morrison Susan						TANDEM DIADETES CARE INC   INDM									Director			109	% Owner		
							]1										Officer (give title below)		Other (specify below)		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									EVP & CAO					
C/O TANDEM DIABETES CARE, INC.,						05/15/2019											LVI	X 0/10			
11075 ROSELLE STREET						33, 23, 232															
110/3 ROSELLE STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
						4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)						
(Street)															X	Form	n filed by One	Reporting P	erson		
SAN DIE	GO C.	A 9	2121												21		•				
					.											Form filed by More than One Reporting Person					
(City) (State) (Zip)																1 313011					
(City)	(5	iale) (	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	ecurity (Ins	tr. 3)		2. Transa	action					3. 4. Securities Acquired (A)								6. Ownership			
				Date (Month/D	) )	Execution Date, y/Year) if any			Transaction Disposed Of (D) (Insti			) (Instr.	3, 4 ar			ties cially	Form: Direct (D) or Indire				
(Month/Da					Jayrica	(Month/Day/Year)							Own		d Following	(I) (Instr. 4)	Ownership				
									Code V Amount		(A) or Price			Reporte Transac				(Instr. 4)			
										l۷	Amount		(A) 01 (D)	Price	۱ ا	(Instr. 3 and 4)					
Common Stock 05/15/2											1,256	(1) A \$1		\$16	6.93 5,001		5,001	D			
35 TOTAL							2013			<u> </u>	-,		<u> </u>								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
			(	e.g., pı	uts, c	alls	, warr	ants,	option	ıs, c	onvertib	le s	ecuri	ties)	-						
1. Title of	2.	3. Transaction	3A. Deem		4.		ion of I		6. Date Exercisable and			7. Title and			8. Price of		9. Number o		11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da if any	n Date,	Transa Code (				Expiration (Month/F			Amou r) Secur				ative	derivative Securities	Ownership Form:	ip of Indirect Beneficial		
(Instr. 3)	Price of		(Month/Da	ay/Year)		mou.			(Month/Day/Year)			Underlying			Security (Instr. 5)		Beneficially	Direct (D	) Ownership		
	Derivative					Acquired			Derivative					otr 3	,		Owned Following	or Indire			
Security			- 1		(A) or Dispose			Security (Instr. and 4)					isu. s			Reported	(i) (iiisti.	*'			
				- 1			of (D)		" '			•		1		Transaction	(s)				
									nstr. 3, 4   nd 5)						(Instr. 4)						
			ŀ			1	·				1	Τ.									
						1						Am	ount								
												Nui	mber								
					Code	l <sub>v</sub>	(A)		Date Exercisa		Expiration Date	Title	of Sha	ares							
	1	1				1	1 ' '	ı · /													

## **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 November 16, 2018 through May 15, 2019. This transaction is also exempt under Rule 16b-3(c).

## Remarks:

/s/ David B. Berger, Attorneyin-Fact for Susan M. Morrison

05/17/2019

\*\* 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.