FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C.	20549	
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* Morrison Susan (Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC. 11075 ROSELLE STREET															all applic Directo	ionship of Reporting all applicable) Director Officer (give title		son(s) to Iss 10% Ov Other (s	vner	
															EVP & Chief Admin. Officer					
(Street) SAN DII			9 212 : (Zip)	1	_ 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	Form f	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				on Year)	2A. Deemed Execution Date,		<u>;</u> ,	3. Transaction Code (Instr.		4. Securities Disposed Of		5. Amor Securiti Benefic	unt of	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D) Price			Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 10/13/202				21				M ⁽¹⁾		4,145	Α	\$1	1.059	12	,227		D			
Common	Common Stock 10/13/202			21	1			M ⁽¹⁾		5,903	A		\$9		18,130		D			
Common	Stock			10/13/20	21				S ⁽²⁾		10,048	D	\$132	0085 ⁽³⁾	5 ⁽³⁾ 8,082 D					
		Т	able	II - Deriva (e.g., ¡							sposed o				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	eemed ution Date, , th/Day/Year)	4. Transa Code (8)				Expiration I (Month/Day			Amour Securi Underl Deriva	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Nu of	nount mber ares						
Common Stock	\$11.059	10/13/2021			M		4,145			(4)	(5)	Comm Stock		145	\$11.059	0		D		
Common Stock	\$9	10/13/2021			М		5,903			(6)	(5)	Comm Stock		903	\$9	0		D		

Explanation of Responses:

- 1. Represents shares of common stock received upon exercise of a stock option award.
- $2. \ The \ shares \ were \ sold \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person \ on \ August \ 6, \ 2021.$
- 3. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$132.00 to \$132.70. The Reporting Person undertakes to provide the Securities and Exchange Commission (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. The option vested as to twenty-five percent (25%) of the underlying shares on 04/23/2014, and the remaining shares vested in thirty-six (36) equal monthly installments thereafter.
- 5. The expiration date for these options is 10 years from the date of grant.
- 6. The options vested as to twenty-five percent (25%) of the underlying shares on 5/17/2018, and the remaining shares vested in thirty-six (36) equal monthly installments thereafter, subject to the terms of Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan, as amended, and the agreements related thereto (the "2013 Plan").

Remarks:

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

10/14/2021

** 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.