Instruction 1(b).

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*     ROEDER DOUGLAS A						2. Issuer Name <b>and</b> Ticker or Trading Symbol TANDEM DIABETES CARE INC TNDM									plicable) ctor cer (give title		Person(s) to Issuer  10% Owner  Other (specify		ner	
	LPHI VEN	,	Middle)		06/2	3. Date of Earliest Transaction (Month/Day/Year) 06/23/2021									ow)		belo	,		
(Street) SAN MA (City)		ate) (	94402 Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			! I - No	I				Acc	_	d, Di	sposed of	-		<del></del>			1			
Da				Date	ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)		
Common	nmon Stock 06/23/2021				)21				J <sup>(1)</sup>		1,892	D	\$0		0	D				
Common Stock 06/2				06/23/20	)21				<b>J</b> <sup>(1)</sup>		1,892	A	\$0	992	992,222		I		tnote <sup>(2)</sup>	
Common Stock													9,	9,670		I		tnotes <sup>(3)</sup>		
	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)	Execu	eemed ution Date, h/Day/Year)	4. Transa Code ( 8)	(Instr.			Expir (Mon	te Exer ration E th/Day/	Year)  Securities Underlying Derivative Security (Ins 3 and 4)  Amou or Numk Expiration of		nt of ities lying ative ity (Instr. 4)  Amount or Number	Derivative Security (Instr. 5) Bender Folio Report		rities Form Direct or Inc. (I) (Inc. (I) (Inc. (I) (Inc. (I) (Inc. (I) (I) (Inc. (I) (I) (Inc. (I) (I) (I) (Inc. (I) (I) (I) (Inc. (I) (I) (I) (I) (Inc. (I) (I) (I) (I) (I) (Inc. (I) (I) (I) (I) (I) (I) (Inc. (I) (I) (I) (I) (I) (I) (I) (I) (Inc. (I)		ship ( D) ( ect (	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. The reported transaction was a transfer of shares from Mr. Roeder's direct holdings to Delphi Management Partners VIII, L.L.C.
- 2. The Reporting Person is a managing member of Delphi Management Partners VIII, L.L.C. ("DMP"), the general partner of Delphi Ventures VIII, L.P. As a managing member of DMP, the Reporting Person shares voting and investment power over the securities held by Delphi Ventures VIII, L.P. and may be deemed to have indirect beneficial ownership of such shares. The Reporting Person disclaims beneficial ownership of such securities held by Delphi Ventures VIII, L.P., except to the extent of his proportionate pecuniary interest therein.
- 3. The Reporting Person is a managing member of DMP, the general partner of Delphi BioInvestments VIII, L.P. As a managing member of DMP, the Reporting Person shares voting and investment power over the securities held by Delphi BioInvestments VIII, L.P. and may be deemed to have indirect beneficial ownership of such shares. The Reporting Person disclaims beneficial ownership of such securities held by Delphi BioInvestments VIII, L.P., except to the extent of his proportionate pecuniary interest therein.

## Remarks:

s/ Karrie Rexford, Attorneyin-Fact for Douglas A. Roeder \*\* Signature of Reporting Person

06/25/2021

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.