FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| | OMB APPROVAL | | | | | | | | |
|-----|---------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average b | urden | | | | | | | |
| - 1 | 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* Morrison Susan | | | 2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM] | | | | | | | M] (Ch | 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., 11045 ROSELLE STREET | | | 13 | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2016 | | | | | | | | CHIEF ADMINSTRATIVE OFFICER | | | | | |
| (Street) SAN DIE | | | 92121 (Zip) | 4. | If Ame | endment, [| Date of | f Original Fi | led (I | Month/Da | ıy/Year) | Line | X Form fi | led by One led by Mor | e Repo | (Check App rting Person One Report | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | , Transaction Di | | | I. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | Beneficia Owned Fo | For lly (D) ollowing (I) (| Form (D) or | m: Direct I or Indirect I nstr. 4) | 7. Nature of ndirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Price | Reported Transacti (Instr. 3 a | on(s) | | | Instr. 4) | |
| 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) | Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | piration ate | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Stock Options ⁽¹⁾ | \$2.3 | 12/16/2016 | | A | | 169,200 | | (2) | | (3) | Common Stock | 169,200 | \$0.00 | 169,20 | 00 | D | |

Explanation of Responses:

- 1. Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan.
- 2. All shares subject to the option will vest as to 50% on 12/16/2017 and the remainder in 12 equal monthly installments thereafter.
- 3. The expiration date for these options is 10 years from the date of grant.

Remarks:

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

12/16/2016

** 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.