FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL											
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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).

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*  Carpenter Rick  (Last) (First) (Middle)  12400 HIGH BLUFF DRIVE						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [ TNDM ]  3. Date of Earliest Transaction (Month/Day/Year) 12/15/2023								i. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner  X Officer (give title Other (specify below) Chief Technology Officer				
(Street) SAN DIEGO CA 92130					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.  Itive Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ction	2A. Deemed Execution Date,			3. 4. Securities Acquired Disposed Of (D) (Instr. Code (Instr. 5)			ed (A) or	5. Amou Securiti Benefic	int of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A) or (D)		FIICE	Transac (Instr. 3	tion(s) and 4)		(msu. 4)	
Common Stock         12/15/2           Common Stock         12/15/2								M F <sup>(1)</sup>		406 141	A D	\$28.6		630 489	D D	+-		
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)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		on of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock	(3)	12/15/2023			M			406	(4)		(4)	Common Stock	406	\$0	3,247	D		

## Explanation of Responses:

- 1. Shares withheld by Tandem Diabetes Care, Inc. (the Company) to satisfy tax withholding requirements on vesting of restricted stock units (RSU). No shares were sold.
- 2. Awarded on December 15, 2021 pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan, as amended, and the agreements related thereto (the 2013 Plan).
- 3. Each RSU represents a contingent right to receive either one share of common stock of the Issuer or cash in lieu thereof, at the Issuer's discretion, in accordance with the terms of the 2013 Plan.
- 4. RSU vest as to twenty-five percent (25%) of the total number of shares subject to the RSU on 12/15/2022, and the remaining shares shall vest in twelve (12) equal quarterly installments thereafter.

## Remarks:

/s/ Rachel Malina, Attorney-in-Fact for Rick A. Carpenter 12/19/2023

\*\* Signature of Reporting Person Dat

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.