FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20E 40	
Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden hours per response: 0.5											
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*     Malagueira Joao Paulo Falcao					2. Issuer Name <b>and</b> Ticker or Trading Symbol TANDEM DIABETES CARE INC TNDM									vI (Ch	neck all ap	ctor		10% O\	vner		
(Last) 12400 H	(Fi IGH BLUF		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023										belo	er (give title w)		Other (s below)	specify	
(Street)	EGO CA	A !	92130		4. If A	men	idmer	nt, Date	of Origir	ıal Fi	led (	Month/D	Day/Yea	r)	Lin	e) <mark>X</mark> For	or Joint/Groun In filed by Or In filed by Mo	ie Rep	orting Perso	on	
(City)	(Si	tate) (	(Zip)		Rul	Rule 10b5-1(c) Transaction Indication										Person					
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.												ded to									
		Table	e I - Non-	-Deriva	ative S	Sec	uriti	es Ac	quire	l, D	isp	osed (	of, or	Ben	eficia	lly Owr	ed				
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					Ex if a	any	med on Date, Day/Yea	Code	Transaction Dis		Dispose	Securities Acquired (A sposed Of (D) (Instr. 3,			nd Secu Bene	icially d Following	Forn (D) (	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	,	v	Amount		A) or D)	Price	Trans	action(s) 3 and 4)			(Instr. 4)	
Common Stock 06/15/				/2023		М			1,749 A		A	\$ <mark>0</mark>		1,749		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. Deeme Execution if any (Month/Day	Date,	4. Transac Code (Ir 8)		of		6. Date Exercisab Expiration Date (Month/Day/Year)			Amount of			8. Price of Derivativ Security (Instr. 5)		e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Exp Dat	oiration te	Title	OI N Of	lumber						
Restricted Stock Unit <sup>(1)</sup>	(2)	06/15/2023			M			1,749	(3)			(3)	Commo		1,749	\$0	3,498	3	D		

## **Explanation of Responses:**

- 1. Awarded on June 15, 2022 pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan, as amended, and the agreements related thereto (the 2013 Plan).
- 2. Each restricted stock unit (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
- 3. The total number of shares subject to the RSU will vest over a period of three years in equal annual installments on the anniversary of the grant, subject to the terms of the 2013 Plan.

## Remarks:

/s/ Rachel Malina, Attorney-in-06/16/2023

Fact for Joao Paulo Falcao

Malagueira

\*\* 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.