FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
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- 1	hours ner resnonse.	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* Cajigas John					2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM]] (Che	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						3. Date of Earliest Transaction (Month/Day/Year) 05/15/2017									X Officer (give title Other (spec				
(Street) SAN DIEGO CA 92121					_	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					saction	tion 2A. Deemed Execution Date,		3. 4. Securi		ities Acquired (A) o d Of (D) (Instr. 3, 4		(A) or	5. Amount Securities Beneficial Owned Fo	s Form Illy (D) o ollowing (I) (In		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A (D) or)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/15/20					/2017	17(1)(2)		A		10,831		A	\$0.77	18,353		D			
Common Stock													41,463		I		See footnote ⁽³⁾		
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. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr.) 8)		Derivative E		6. Date Exercisal Expiration Date Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Code	Code	v	(A)		Date Exercisable		xpiration ate	Title	OI N	mount r umber f Shares		Transaction(s) (Instr. 4)			
Stock Options ⁽⁴⁾	\$0.9	05/17/2017			A		105,000		(5)	T	(6)	Comm		05,000	00 \$0.00 105,000		D		

Explanation of Responses:

- 1. The reporting person is voluntarily reporting the acquisition of shares of common stock pursuant to the Tandem Diabetes Care, Inc. 2013 Employee Stock Purchase Plan ("ESPP"), for the ESPP purchase period of November 16, 2016 through May 15, 2017. This transaction is also exempt under Rule 16b-3(c).
- 2. In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on May 15, 2017.
- 3. The securities are held by the John Cajigas and Mary E. Cajigas Family Trust, dated 8/11/2005.
- 4. Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan.
- $5. \ All \ shares \ subject \ to \ the \ option \ will \ vest \ as \ to \ 25\% \ on \ 5/17/2018 \ and \ the \ remainder \ in \ 36 \ equal \ monthly \ installments \ thereafter.$
- 6. The expiration date for these options is 10 years from the date of grant.

Remarks:

/s/ David B. Berger, Attorneyin-Fact for John Cajigas

05/18/2017

** 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.