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 bur	rden							
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*  PLACE FOR THE MAN A. P.					2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [ TNDM ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
BLICKENSTAFF KIM D					THE DESCRIPTION OF THE PROPERTY OF THE PROPERT								X Directo	10% Ow		ner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							X Officer below)	Officer (give title below)			pecify	
C/O TANDEM DIABETES CARE, INC.,					05/21/2015							CHIEF EXECUTIVE OFFICER					
11045 ROSELLE STREET																	
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line	,	lad by One	Dono	rting Person	
SAN DII	EGO C.	A	92121										-	,		One Report	
													Person		e man	One Repon	ing
(City)	(S	tate)	(Zip)														
		Та	ble I - Non-D	Derivati	ve Se	ecurities	s Ac	quired, [	Disp	osed c	of, or Be	neficiall	y Owned				
Date				Transacti ate Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispose Code (Instr.		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		Beneficia Owned F	s For ally (D) following (I)		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) o (D)	r Price		Reported Fransaction(s) Instr. 3 and 4)			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)	3A. Deemed Execution Date if any (Month/Day/Yea	4. Trans Code	4. Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	o.i.(3)		
Stock Options <sup>(1)</sup>	\$11.92	05/21/2015		A		157,900		(2)		(3)	Common Stock	157,900	\$0.00	157,90	00	D	

## Explanation of Responses:

- 1. Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan.
- $2. \ All \ shares \ subject \ to \ the \ option \ will \ vest \ as \ to \ 25\% \ on \ 5/21/2016 \ and \ the \ remainder \ in \ 36 \ equal \ monthly \ installments \ thereafter.$
- 3. The expiration date for these options is 10 years from the date of grant.

## Remarks:

/s/ David B. Berger, Attorneyin-Fact for Kim D. Blickenstaff

05/22/2015

\*\* 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.