FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPF	ROVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours nor resnance:	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

1. Name an		2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TODA T									5. Relationship of Report (Check all applicable) X Director			10% Owner						
(Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC. 11075 ROSELLE STREET						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2019									X Officer (give title Other (specify below) Executive Chairman					
(Street) SAN DIEGO CA 92121 (City) (State) (Zip)					- 4. If	f Ameno	dment,	Date	of Orig	inal Fi	led (Month/Da	Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
				lon-Deriv	ative	Seci	uritie	s Ac	quire	ed, D	isposed o	f, or E	Benefic	ciall	y Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			d 5)	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Ì	Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock				12/16/2019				S		75,000	D	\$59.7	'5 ⁽¹⁾	5(1) 816,750				See Footnotes ⁽²⁾		
Common Stock				12/16/2019				S		25,000	D	\$60.9	791,75		,750	I		See Footnotes ⁽²⁾		
Common Stock 12/16/201				019	19			S		35,935	D	\$58.7	'9 ⁽⁴⁾	755	755,815		I	See Footnotes ⁽²⁾		
Common Stock 12/16/20				019	19			S		27,327	D	\$59.5	54 ⁽⁵⁾ 72		728,488			See Footnotes ⁽²⁾		
Common Stock			12/16/2019					S		36,738	D	\$60.0	6 ⁽⁶⁾	(6) 691,750		I		See Footnotes ⁽²⁾		
		Та	able II								posed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) titve 3. Transaction Date Execution Date, if any (Month/Day/Year)			4. Transa	. 5. Number of of Derivative		mber ative rities ired sed	6. Dat		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
Explanation					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

- 1. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$59.50 and \$60.33.
- 2. The securities are held by the Kim Blickenstaff Revocable Trust dated April 15, 2010.
- 3. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$60.70 and \$61.10.
- 4. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$58.13 and \$59.12.
- 5. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$59.13 and \$60.10.
- 6. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$60.13 and \$61.09.

Remarks:

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

** 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.