FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* BLICKENSTAFF KIM D						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TNDM]										ck all app Direct Office	nship of Reporting P Il applicable) Director Officer (give title below)		10% Othe	Owner (specify	
(Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC. 11075 ROSELLE STREET						3. Date of Earliest Transaction (Month/Day/Year) 09/02/2021										below			belov		
(Street) SAN DIEGO CA 92121					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		<u>Zip)</u>																		-
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)			0	2. Transaction Date (Month/Day/Yea	ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Tr	3. Transaction Code (Instr 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				5. Amount of Securities Beneficially Owned Followin Reported		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
								C	Code V		Am	ount	(A) or (D)	A) or D) Price		Transaction(s) (Instr. 3 and 4)		(iiisti. 4)		(iiisu. 4)	
Common Stock				09/02/2021					S		28	8,400	D	\$113.35(1)		202,690		I		See Footnote ⁽²⁾	,
Common Stock				09/02/2021					S			300	D	\$114.26(3)		202,390		I		See Footnote ⁽²⁾	,
Common Stock																1,892		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)	Derivative Security (Instr. 3) Date (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Transa Code 8)		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ative ities red sed 3, 4	Ex (Me	piratior onth/Da	n Date ay/Year) Expiration		Amo Secu Undo Deriv Secu 3 and	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5) Beneficia Owned Followin Reported Transact (Instr. 4)		e Owners Form: Direct (I or Indirect (I)		Beneficia Ownershi t (Instr. 4)	et al	

- 1. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$113.25 to \$113.78. The Reporting Person undertakes to provide the Securities and Exchange Commission (the "SEC"), the issuer, and any security holder full information regarding the number of shares and the prices at which the shares were sold.
- 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 \$114.25 to \$114.26. The Reporting Person undertakes to provide the Securities and Exchange Commission (the "SEC"), the issuer, and any security holder full information regarding the number of shares and the prices at which the shares were sold.

Remarks:

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

09/03/2021

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.