FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
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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)

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*     Vosseller Leigh					2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TODA TODA TODA TODA TODA TODA TODA TODA							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify)						
	(Fi DEM DIA OSELLE ST	BETES CARE,	(Middle) INC.		05/	3. Date of Earliest Transaction (Month/Day/Year) 05/27/2020							EVP & CHIEF FINANCIAL OFFICER					
(Street) SAN DIE	GO CA	A	92121		4. If	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)	(St	ate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)				Execution Date,		3. Transaction Code (Inst	n Dispos	rities Acquir ed Of (D) (Ins		5. Amour Securitie Beneficia Owned F	s ally ollowing	Form:	Direct C Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	Amou	t (A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)		1	(Instr. 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
			Transa Code (I	ransaction of lode (Instr. Derivative (		Expiration Date (Month/Day/Year)		of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				C	Code	v	(A)	(D)	Date Exercisable	Expiratio Date	ո Title	Amount or Number of Shares						
Restricted Stock Unit <sup>(1)</sup>	(2)	05/27/2020			A		6,504		(3)	(3)	Common Stock	6,504	\$0	6,504		D		
Stock Option <sup>(1)</sup>	\$82.34	05/27/2020			A		15,012		(4)	(5)	Common Stock	15,012	\$0	15,012	2	D		

- 1. Awarded on May 27, 2020 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. RSU vest as to twenty-five percent (25%) of the total number of shares subject to the RSU on the one year anniversary of the grant date, and the remaining shares shall vest in twelve (12) equal quarterly installments thereafter, subject to the terms of the 2013 Plan.
- 4. The option shall vest as to twenty-five percent (25%) of the underlying shares on the one year anniversary of the grant date, and the remaining shares shall vest in thirty-six (36) equal monthly installments thereafter, subject to the terms of the 2013 Plan.
- 5. The expiration date for these options is 10 years from the date of grant.

## Remarks:

David B. Berger, Attorney-in-Fact for Leigh A. Vosseller

05/29/2020

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.