FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average I	burden

0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 .	Secu	1011 30(11)	or the r	iivesiiiiei	iii Coi	прапу Аст	01 19	740									
Name and Address of Reporting Person* <u>Cajigas John</u>						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u> Cajigas</u>	JUIII				Ιī											Direc			10% Owner			
(Last)	_ast) (First) (Middle)						1									Officer (give title below)			Other (s below)			
							3. Date of Earliest Transaction (Month/Day/Year)										CHIEF FINANCIAL OFFICER					
C/O TANDEM DIABETES CARE, INC.,						11/14/2014																
11045 ROSELLE STREET																						
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line)							
SAN DIE	GO C	A 9	92121												X Form filed by One Reporting Person							
					.											Forn Pers	n filed by Mor	re than One	Repo	orting		
(0)	(0		- · 、													Pers	OH					
(City)	(5	tate) (Zip)																			
		Tabl	e I - No	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						- 1	Execution	A. Deemed Execution Date,		Transaction Disposed		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secui			6. Ownership Form: Direct (D) or Indirect	t	7. Nature of Indirect Beneficial		
					(Month/Day/Year)		if any (Month/Day/Year)		Code (Instr. 5) 8)		3)					Beneficially Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)		
								v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock ⁽¹⁾⁽²⁾ 11/14/									A		641	1 A \$		\$12	.72	72 3,332		D				
	Table II. Derivative Securities Assuired Diagond of as Beneficially Owned																					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any						Transaction Code (Instr.		ı of i		6. Date Exercisable and Expiration Date (Month/Day/Year)			Fitle and nount of curities derlying rivative curity (Ir d 4)		8. Price Derivati Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares								

Explanation of Responses:

- 1. The reporting person is voluntarily reporting the acquisition of shares of the issuer's common stock pursuant to the Tandem Diabetes Care, Inc. 2013 Employee Stock Purchase Plan ("ESPP"), for the ESPP purchase period of May 16, 2014 through November 14, 2014. 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 November 14, 2014.

Remarks:

/s/ David B. Berger, Attorneyin-Fact for John Cajigas 11/19/2014

** 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.