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 burden								
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

Stock Option <sup>(1)</sup>	\$51.5	02/15/2019		Code	<u> </u>	105,000		(2)	(3)	1	Common	105,000	\$0.00	105,000	D	
					v	(A)	(D)	Date Exercisable	Expirat Date	ion	Title	Amount or Number of Shares		(Instr. 4)	"	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
								Code V	Amo	unt	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		nstr. 4)
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/L				ransactio	action 2A. Deemed Execution Date,			Code (Instr.			ed (A) or	5. Amoun Securities Beneficia Owned Fo	s Form ally (D) o ollowing (I) (Ir	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
(City)	(S	tate)	(Zip)													
(Street) SAN DII	EGO C	A	92121	_						Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
11075 ROSELLE STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019							EVP and CFO				
Vosseller Leigh					TANDEM DIABETES CARE INC [ TNDM ]							M ] (Che	Officer below)	,	10% Ov Other (s below)	
Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer				

## **Explanation of Responses:**

- 1. Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan. The grant is contingent upon future stockholder approval of an increase in the number of shares reserved for issuance under the 2013 Stock Incentive Plan.
- 2. The option shall vest as to twenty-five percent (25%) of the underlying shares on 2/15/2020, and the remaining shares shall vest in thirty-six (36) equal monthly installments thereafter.
- 3. The expiration date for these options is ten (10) years from the date of grant.

## Remarks:

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

\*\* 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.