FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	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 OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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* Vosseller Leigh (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)				
C/O TAN	`	BETES CARE,	` ′			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2022									EVP & C	HIEF FIN	NANC	TIAL OFF	TICER
(Street) SAN DII			92121 (Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Oity)	(0	,		n-Deriv	/ative	Sec	uritie	es Ac	auired	Dis	posed	of. or I	Bene	eficial	ly Owne				
1. Title of Security (Instr. 3)			2. Transa	2. Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) or	5. Amou Securiti Benefici Owned	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			11/15	/2022				М		163	-	4	\$ 0 8,148 D				D	
Common	Stock			11/15	5/2022				F ⁽¹⁾		57	1)	\$42.2	7 8,	8,091 D			
Common	Stock													2,645 I				Leigh A. Vosseller Trust ⁽²⁾	
		Т	able II -	Deriva (e.g., p	tive S outs,	Secu calls	rities , war	Acq	uired, l s, optio	Disp ns, d	osed of convert	, or Be	enefi curi	icially ties)	Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year Price of Derivative Security		if any	cution Date,		iction Instr.	on of		6. Date E. Expiratio (Month/D	n Date	Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Iy Direct (I or Indirect (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	umber					
Restricted Stock Unit ⁽³⁾	(4)	11/15/2022			M		163		(5)		(5)	Commo		163	\$0	1,624		D	

Explanation of Responses:

- 1. Shares withheld by Tandem Diabetes Care, Inc. (the Company) to satisfy tax withholding requirements on vesting of restricted stock units (RSU). No shares were sold.
- 2. The securities are held by the Leigh A. Vosseller Trust dated January 17, 2010, of which Leigh Vosseller is the Trustee.
- 3. Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan (the "2013 Plan").
- 4. Each 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 2013 Plan.
- 5. RSU granted on 5/18/2021 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

Remarks:

/s/ Shannon M. Hansen, Attorney-in-Fact for Leigh A. 11/17/2022 Vosseller

** 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.