FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C	. 20549
-----------------	---------

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHA
obligations may continue. See Instruction 1(b).	Filed pursuant to Sect

## ANGES IN BENEFICIAL OWNERSHIP

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

tion 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*  Gasser Elizabeth Anne							2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [ TNDM ]								5. Relationship of Reporting Person(s) to Iss (Check all applicable)  Director  X  Officer (give title  Other (s				
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 08/28/2023									below) below)  EVP, Chief Strategy Officer				
(Street) SAN DII	Street) SAN DIEGO CA 92130			- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tabl	e I - Noi	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed	of, or Be	eneficia	lly Owne	d				
'''' '''   [			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		Benefici	es ally Following	Form	: Direct Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) oi (D)	Price	Transac (Instr. 3	tion(s)			(1150.14)	
Common	nmon Stock 08/28			08/28	/2023				М		372	. A	\$0	4,710		D			
Common	Stock			08/28	3/2023				F <sup>(1)</sup>		129	D	\$27.0	06 4,	581		D		
		Т										, or Ben		y Owned					
Security or (Instr. 3) Pr	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)				6. Date Ex Expiration (Month/Da	Date	Amount o		of S g e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock	(3)	08/28/2023			M			372	(4)		(4)	Common Stock	372	\$0	1,118		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. 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).
- 3. 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.
- 4. RSU vest as to twenty-five percent (25%) of the total number of shares subject to the RSU on 5/27/2021, and the remaining shares shall vest in twelve (12) equal quarterly installments thereafter.

## Remarks:

/s/ Rachel Malina, Attorney-in-08/30/2023 Fact for Elizabeth A

\*\* Signature of Reporting Person

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.