FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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

1. Name and Address of Reporting Person* BERGER DAVID B						2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TODA TODA TODA TODA TODA TODA TODA TODA											k all appli Directo	or 10% Owner (give title Other (speci		vner		
	,	BETES CARE,	(Middle) INC.		08/	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2022										EVP & Chief Operating Officer						
(Street) SAN DII (City)			92121 (Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indi Line) X	Form t	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	le I - No	n-Deriv	ative	Sec	uritie	es Ac	quire	d, Di	isp	osed o	of, c	r Ber	nefic	ially	Owned	d				
Date			2. Transa Date (Month/E		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.							Securition Benefici Owned I	5. Amount of Securities Beneficially Dwned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Cod	v		Amount		(A) or (D)	Pric	е	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock			08/15	5/2022				М			162		A	5	6 <mark>0</mark>	2,	2,619		D			
Common Stock			08/15	/2022	/2022						81		D \$55		5.25	2,538			D			
Common Stock															242			I	Berger Family Trust ⁽²⁾			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		n of E		Expirat	5. Date Exercisa Expiration Date Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Securi d 4)	ty D S (II	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Ex Da	piration ate	Title		Amou or Numb of Share	er						
Restricted Stock Unit ⁽³⁾	(4)	08/15/2022			M		162		(5)			(5)		nmon	162		\$0	1,787		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 Berger Family Trust dated April 16, 2008.
- 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/Rachel Malina, Attorney-in-Fact for David B. Berger

08/17/2022

** 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.