FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| ashington, | D.C. | 20549 | |

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| OMB APP | ROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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

| Name and Address of Reporting Person* <u>Cajigas John</u> | | | | 2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TODA TODA TODA TODA TODA TODA TODA TODA | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (spe | | | vner | | | | |
|--|---|--|--|--|---|------------------------|--|---|--|---------|---|---|--|-----------------------------------|---|---|------|--|---------------------------------------|
| (Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC., 11045 ROSELLE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2016 | | | | | | | | X Officer (give title Offier (specify below) EVP, CFO & TREASURER | | | | | | |
| (Street) SAN DII | | | 92121 (Zip) | | 4. 11 | f Ame | ndment, [| Date o | of Original F | Filed | (Month/Da | ay/Year) | | 6. Inc Line) | Form fi | led by One led by More | Repo | (Check Apporting Person One Repor | 1 |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | Date, | Transaction Disposed (| | ities Acquired (A) o d Of (D) (Instr. 3, 4 a | | | 5. Amour Securitie Beneficia Owned F Reported | es Formally (D) (Following (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V Amount (A) or (D) | | or | Price | Transact (Instr. 3 a | tion(s) | | | (111501.4) | | | | | | |
| 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. Deemed Execution D if any (Month/Day) | Date, T | ransa ode (I | | 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 Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | ode | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | or Nu of | nount imber ares | | | | | |
| Stock Options ⁽¹⁾ | \$6.95 | 02/16/2016 | | | A | | 84,600 | | (2) | | (3) | Commo Stock | ⁿ 84 | 1,600 | \$0.00 | 84,600 |) | D | |

Explanation of Responses:

- 1. Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan.
- 2. All shares subject to the option will vest as to 25% on 2/16/2017 and the remainder in 36 equal monthly installments thereafter.
- 3. The expiration date for these options is 10 years from the date of grant.

Remarks:

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

02/17/2016

** 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.