FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Novara Mark David						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 Officer (give title Other (specify				
(Last) (First) (Middle) 12400 HIGH BLUFF DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024								Officer (give title Other (specify below) EVP & CHIEF COMMERCIAL OFFICER				
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transa Date				saction 2A. De Execut (Day/Year) if any				3. Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) or	5. Amou Securiti Benefic Owned	int of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 12/16/2					6/202	2024		M		29,65	8 A	\$0	30	,190		D		
Common Stock 12/16/2					6/202	2024		F ⁽¹⁾		10,73	2 D	\$32.0	56 19	19,458		D		
		-	Гable II -								osed of, onverti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactic Code (Inst		5. Number of		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. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi ect (Instr. 4)
					Code	v	(A)		Date Exercisat		expiration Date	Title	Amount or Number of Shares					
Restricted Stock Unit ⁽²⁾	(3)	12/16/2024			M			29,658	(4)		(4)	Common Stock	29,658	\$0	59,31	7	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 December 15, 2023 pursuant to the Tandem Diabetes Care, Inc. 2023 Long-Term Incentive Plan, as amended, and agreements related thereto (the 2023 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 2023 Plan.
- 4. RSU vest as to thiry-three percent (33%) of the total number of shares subject to the RSU on 12/15/2024, and the remaining shares shall vest in eight (8) equal quarterly installments thereafter.

Remarks:

/s/ Rachel Malina, Attorney-in-Fact for Mark D. Novara

12/18/2024

** 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.