FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
l	OMB Number:	3235-0287								
l	en									
l	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

					OI	Secu	UII 3U(N) (	or the	investment (	COM	pany Act	01 1940								
1. Name and Address of Reporting Person*  BERGER DAVID B						2. Issuer Name <b>and</b> 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 below) Other (specify below)							
(Last) (First) (Middle)								Trans	action (Mon	th/Da	ay/Year)		EVP, GEN. COUNSEL & SECRETARY							
C/O TANDEM DIABETES CARE, INC., 11045 ROSELLE STREET						/16/2	016													
11043 ROSELLE STREET					4.1	f Ame	ndment, [	Date o	f Original Fi	led (i	Month/Da	6.	6. Individual or Joint/Group Filing (Check Applicable							
(Street)								· ·	•		Lin	Line)								
SAN DIEGO C		A 92121													iled by One l	•	J			
					-									Persor		: triair C	эне пероп	ing		
(City)	(SI	tate)	(Zip)																	
		Tab	le I - Non	ı-Deriv	vativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficia	ly Owned	I					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ear)   i	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispo		Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefici Owned F	es ally Following	6. Own Form: I (D) or I (I) (Inst	Direct c ndirect E tr. 4) (	7. Nature of Indirect Beneficial Ownership			
								Code	,	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)			
		٦	Table II - I						uired, Dis , options					/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				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. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares							
Stock Options <sup>(1)</sup>	\$6.95	02/16/2016			A		84,600		(2)		(3)	Common Stock	84,600	\$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

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.