FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

OMB APPROVAL 3235-0287 OMB Number: 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

								.,												
1. Name ar		2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
ROBERTSON REBECCA B]								X	Directo	or		10% O	wner	
(Last) (First) (Middle)						J									Officer below)	(give title		Other (below)	specify	
C/O TANDEM DIABETES CARE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021														
11075 ROSELLE STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					- - "	4. II Amendment, Date of Original Flied (World // Day/ Teal)								Line)						
SAN DIEGO CA 92121														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)														. 0.00.	•					
		Tab	le I - N	Non-Deri	vative	Sec	uriti	ies A	cquire	ed, D	isposed (of, or E	enefic	ially	Owne	d				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,					s Acquired (A) or f (D) (Instr. 3, 4 an		Benefic		ties F cially (I I Following (I		n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price			ction(s)			(Instr. 4)	
Common Stock 06/01/202					021	21		M ⁽¹⁾		1,000	A	\$3	34 2		,892		D			
Common Stock 06/01/202					021	21		S ⁽²⁾		1,000	D	\$85.11	L45 ⁽³⁾	1,	1,892		D			
		Т	able I								sposed of , converti				wned					
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. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Di Si (li	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er						
Stock	\$34	06/01/2021			M			1,000	(4	4)	(5)	Commo	n 1.00	o -	\$0	36,500	,]	D		

Explanation of Responses:

- 1. Represents shares of common stock received upon exercise of a stock option award.
- 2. The shares were sold pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on August 3, 2020.
- 3. The price reported reflects the weighted average price per share of multiple transactions with prices per share ranging between \$85 to \$85.52. The Reporting Person undertakes to provide the Securities and Exchange Commission (the "SEC"), the issuer, and any security holder full information regarding the number of shares and the prices at which the shares were sold.
- $4. \ The \ option \ shall \ vest \ in \ 36 \ equal \ monthly \ installments \ from \ January \ 2, \ 2019.$
- 5. The expiration date for these options is 10 years from the date of grant.

Remarks:

s/ David B. Berger, Attorneyin-Fact for Rebecca B.

06/03/2021

Robertson

** 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.