FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
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).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

1. Name and Address of Reporting Person* Vosseller Leigh (Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC. 11075 ROSELLE STREET] 3. E											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP & CHIEF FINANCIAL OFFICER					vner specify	
(Street) SAN DIF		tate)	92121 (Zip)		-										Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														7. 11. 1							
Da			Date	ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			a (A) r. 3, 4	4 and Securiti Benefic Owned		ies For ially (D) Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Ī	Code	v	Amount		(A) or (D)	Pri	се	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 05				05/27	7/2021					M		1,626		Α	T	\$0	6,	442		D	
Common Stock				05/27	27/2021					F ⁽¹⁾		563		D	\$8	35.65	5,	,879		D	
Common Stock																	145			I .	Leigh A. Vosseller 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. Deems Execution if any (Month/Da	Date,	4. Transa Code (8)		n of		Ex	6. Date Exercisa Expiration Date (Month/Day/Yea		able and 7. Ar) Si		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		rity	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ite ercisabl		xpiration ate	Title		Amo or Num of Shar	ber					
Restricted Stock Unit ⁽³⁾	(4)	05/27/2021			M ⁽⁵⁾			1,626		(6)		(6)		nmon tock	1,6	26	\$0	4,878		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.
- $2. \ The \ securities \ are \ held \ by \ the \ Leigh \ A. \ Vosseller \ Trust \ dated \ January \ 17, \ 2010, \ of \ which \ Leigh \ Vosseller \ is \ the \ Trustee.$
- 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 one share of common stock of the Company.
- 5. This RSU award was granted on May 27, 2020. 25% of the RSU vested on May 27, 2021 and the remaining units shall vest in twelve (12) equal quarterly installments thereafter, subject to the terms of the
- 6. RSU vest as to twenty-five percent (25%) of the total number of shares subject to the RSU on 5/27/2021, and the remaining shares shall vest in twelve (12) equal quarterly installments thereafter.

Remarks:

s/ David B. Berger, Attorneyin-Fact for Leigh A. Vosseller

06/01/2021

** 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.