FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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).

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* Cha Myoungil				3. [2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM] 3. Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Pe Check all applicable) X Director Officer (give title			10% Ow Other (s	ner		
(Last) (First) (Middle)				05.	05/22/2024								below)			below)			
12400 HIGH BLUFF DRIVE					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					
SAN DIEGO CA 92130					Form filed by More than One Reporting Person														
(City) (State) (Zip)					Ri	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Beneficia Owned F	s Form ally (D) o ollowing (I) (In		Direct Indirect Etr. 4)	7. Nature of ndirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		"	Instr. 4)		
Common Stock 05/24/.					4/202	2024		М		4,065	4,065 A \$		5,814			D			
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/	ate,	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	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ible	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Restricted Stock Unit ⁽¹⁾	(2)	05/22/2024			A		4,387		(3)		(3)	Common Stock	4,387	\$0	4,387		D		
Restricted Stock Unit ⁽⁴⁾	(2)	05/24/2024			М			4,065	(3)		(3)	Common Stock	4,065	\$0	0		D		

Explanation of Responses:

- 1. Awarded on May 22, 2024 pursuant to the Tandem Diabetes Care, Inc. 2023 Long-Term Incentive Plan (the 2023 Plan).
- 2. Each restricted stock unit (RSU) represents a contingent right to receive either one share of common stock of the Issuer or eash in lieu thereof, at the Issuer's discretion, in accordance with the terms of the 2023
- 3. RSU will vest on the one-year anniversary of the grant date, subject to the terms of the 2023 Plan.
- 4. Awarded on May 24, 2023 pursuant to the 2023 Plan.

Remarks:

/s/ Rachel Malina, Attorney-in-Fact for Myoungil Cha

05/24/2024

** 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.