FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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OMB APPROVAL 3235-0287 OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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). |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* <u>Leal James</u> | | | | 2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM] | | | | | | [(Ch | eck all applic | cable) | | Ssuer Owner (specify | | |
|--|--|--|------------|---|---|------------------------------|-----------|--------------------|--|---|--|---|--|---|---|------------|
| (Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC. 11075 ROSELLE STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2021 | | | | | | | X Officer (give title Officer (specify below) SVP, Operations | | | | | |
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | le I - Non | -Deriva | ative Se | ecurities Acc | quired | , Dis _l | osed o | of, c | or Ben | eficial | ly Owned | t | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Dis | | Dispose | . Securities Acquired (A isposed Of (D) (Instr. 3,) | | | Benefici | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaci (Instr. 3 | tion(s) | | (Instr. 4) |
| Common Stock 06/28/ | | | /2021 | | M ⁽¹⁾ | | 6,66 | 7 | A | \$51. | 5 10 | ,263 | D | | | |
| Common Stock 06/28 | | | /2021 | | M ⁽¹⁾ | | 468 | | A | \$9 | \$9 10,731 | | D | | | |
| Common Stock 06/28/ | | | | /2021 | | S ⁽²⁾ | | 7,13 | 5 | D | \$100 | \$100 3,596 | | D | | |
| | | Т | | | | urities Acqu ls, warrants | | | | | | | Owned | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) | | I. Fransaction Code (Instr 3) | n of | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Beneficial Ownership ct (Instr. 4) | | | |

Explanation of Responses:

\$51.5

\$9

1. Represents shares of common stock received upon exercise of a stock option award.

06/28/2021

06/28/2021

- $2. The shares were sold pursuant to a Rule 10b5-1\ trading\ plan\ adopted\ by\ the\ Reporting\ Person\ on\ December\ 11,\ 2020.$
- 3. The options vested as to twenty-five percent (25%) of the underlying shares on 2/15/2020, and the remaining shares shall vest in thirty-six (36) equal monthly installments thereafter, subject to the terms of Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan, as amended, and the agreements related thereto (the "2013 Plan").

Date

Exercisable

(5)

(D)

Expiration

(4)

Title

Stock

Common

Date

- 4. The expiration date for these options is 10 years from the date of grant.
- 5. The options vested as to twenty-five percent (25%) of the underlying shares on 5/17/2018, and the remaining shares vested in thirty-six (36) equal monthly installments thereafter.

and 5)

(A)

6.667

468

Remarks:

Stock

Option

Stock

Option

s/ David B. Berger, Attorneyin-Fact for James A. Leal

Amount Number

of Shares

6.667

468

\$51.5

\$9

06/30/2021

33,333

0

D

D

** 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).

Code ν

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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.