## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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*  Howell Peyton R						2. Issuer Name <b>and</b> Ticker or Trading Symbol TANDEM DIABETES CARE INC [ TNDM ]									ck all applic	able)	g Pers	on(s) to Iss		
THO WORLD GLOW IN														X	_			10% Owner		
(Last)	ast) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/22/2024									(give title		Other (s below)	specify	
12400 HIGH BLUFF DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X	X Form filed by One Reporting Person					
SAN DIEGO CA 92130														Form filed by More than One Reporting Person						
(City) (State) (Zip)					R	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.														
		Tal	ole I - No	n-Deri	vativ	e Se	curitie	es Acc	quired,	Dis	posed o	f, or Be	nefi	cially	Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Day/Year)   Exec		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr.		ies Acquir Of (D) (Ins	ed (A) str. 3, 4	4 and 5) Secur Benef Owne		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o	r <sub>Pri</sub>	ce	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock 05/24				4/202	/2024			M		4,434	A	A \$51.7		16,690			D			
			Table II -								osed of, onvertib				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 I if any (Month/Day	Date,	4. Transactior Code (Instr. 8)				6. Date Exercisable ar Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	ode V (A) (I		(D)	Date Exercisable		Expiration Date	or Nu of		ount nber res		Transaction(s (Instr. 4)					
Restricted Stock Unit <sup>(1)</sup>	(2)	05/22/2024			A		4,387		(3)		(3)	Common Stock	4,3	387	\$0	4,387		D		
Restricted Stock Unit <sup>(4)</sup>	(2)	05/24/2024			M			4,434	(3)		(3)	Common Stock	4,4	134	\$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 Peyton R. Howell

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.