FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549

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

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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* Gasser Elizabeth Anne | | | | | | 2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC TNDM TNDM | | | | | | | | | plicable) ctor er (give tit | Ü | 10% Othe | Owner r (specify | |
|--|---|--|--|---|---|---|-------------------------------------|---|---|-------|---|---|--|--|-----------------------------------|--|---------------------------------------|--|--|
| (Last) (First) (Middle) 12400 HIGH BLUFF DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2024 | | | | | | | | — belo | EVP, Chief S | | belovegy Office | ′ I | | |
| (Street) SAN DIEGO CA 92130 | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) Forr | • | | | | |
| (City) (State) (Zip) | | | | | | 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. Transaction Date (Month/Day/ | | | | | | Execu | eemed Ition Date, h/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | s Acquired (A) or f (D) (Instr. 3, 4 and | | Benefic Owned | es ially Following | Form (D) or | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s (Instr. 3 and | | | | (Instr. 4) | |
| Common Stock 06/10/20 | | | | |)24 | | | | J (1) | | 11,749 | D | \$0 | | 0 | | D | | |
| Common Stock 06/10/20 | | | | | 024 | | | | J ⁽¹⁾ | | 11,749 | A | \$0 | 11 | 11,749 | | I | See Footnote ⁽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 Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The reported transaction was a transfer of shares from Elizabeth A. Gasser's direct holdings to The Gasser Family Trust dated September 1, 2011, of which Elizabeth A. Gasser is a co-trustee.
- 2. The securities are held by The Gasser Family Trust dated September 1, 2011, of which Elizabeth A. Gasser is a co-trustee.

Remarks:

/s/ Rachel Malina, Attorney-

in-Fact for Elizabeth A. 06/12/2024

Gasser

** 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.