FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	ourden								
- 1	hours nor roomanas.	0.5								

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

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* Allen Dick (Last) (First) (Middle) 12400 HIGH BLUFF DRIVE					TA TN 3. E	Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM] Date of Earliest Transaction (Month/Day/Year) 06/06/2024								5. Relationship of Reporting Person(s) to Issuer Check all applicable) Director Officer (give title below) Other (specify below)					
(Street)					4. lt	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(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/Ye					- 1	2A. Deemed Execution Date, if any (Month/Day/Yea			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	, v	Amount	(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(11041. 4)	
Common Stock 06/06/202									G ⁽¹⁾		1,892	D	\$51.32	20,	000		I	See Footnote ⁽³⁾	
Common Stock														24,	396		D		
Common Stock														1,0	1,000		I	See Footnote ⁽⁴⁾	
	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)	Exed if an	Deemed cution Date, y nth/Day/Year)		saction e (Instr.				Expiration Date (Month/Day/Year)			e and unt of rities ritying ative rity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	rative derivativ		10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

- 1. The shares were given as a bona fide gift to The Gammon Family Trust, dated April 18, 2000.
- 2. The price per share reflects the average of the high and low trading prices of Tandem Diabetes Care, Inc. (the Company) stock on the transaction date.
- 3. The securities are held by the Allen Family Trust dated October 12, 1981.

4. The securities are held by the Gammon Children's 2000 Trust FBO Jake Allen Gammon. The Reporting Person is co-trustee of the Gammon Children's 2000 Trust FBO Jake Allen Gammon and has shared voting and investment power over the securities held by the Gammon Children's 2000 Trust FBO Jake Allen Gammon and may be deemed to have indirect beneficial ownership of such securities. The Reporting Person disclaims beneficial ownership of such securities held by the Gammon Children's 2000 Trust FBO Jake Allen Gammon.

Remarks:

/s/ Rachel Malina, Attorneyin-Fact for Dick P. Allen

06/10/2024

** 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.