Edgar Filing: TANDEM DIABETES CARE INC - Form 4

TANDEM DIABETES CARE INC Form 4 May 22, 2015			
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). FORM 4 STATEMENT 0 STATEMENT 0 STATEMENT 0 STATEMENT 0 STATEMENT 0 STATEMENT	OMMISSIONOMB Number:IERSHIP OFExpires:IERSHIP OFEstimated ave burden hours presponseAct of 1934,1935 or Section	Number:3235-0287Number:January 31Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type Responses)			
1. Name and Address of Reporting Person <u>*</u> Cajigas John	2. Issuer Name and Ticker or Trading Symbol TANDEM DIABETES CARE INC [TNDM]	5. Relationship of Reporting Person Issuer (Check all applicable)	(s) to
(Last) (First) (Middle) C/O TANDEM DIABETES CARE, INC.,, 11045 ROSELLE STREET	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2015	Director 10% Ov X Officer (give title Other (s below) below) CHIEF FINANCIAL OFFICE	specify
(Street) SAN DIEGO, CA 92121	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(C Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Report Person	n
(City) (State) (Zip)	Table I - Non-Derivative Securities Acqu		Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dee Execution any (Month/	med 3. 4. Securities Acquired	5. Amount of Securities6.7.BeneficiallyForm: DirectBeneficiallyOwned(D) orO	Nature of direct
Common Stock 05/15/2015(1)(2)	A 1,721 A \$ 10.54	5,053 D	
Common Stock			ee potnote

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: TANDEM DIABETES CARE INC - Form 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)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerce Expiration D (Month/Day/	Date	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. Pr Deriv Secu (Insti
				Code V	· (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (4)	\$ 11.92	05/21/2015		А	56,400	(5)	(6)	Common Stock	56,400	\$

Reporting Owners

Reporting Owner Name / Address	Relationships			
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other
Cajigas John C/O TANDEM DIABETES CARE, INC., 11045 ROSELLE STREET SAN DIEGO, CA 92121			CHIEF FINANCIAL OFFICER	
Signatures				
/s/ David B. Berger, Attorney-in-Fact for Jo Cajigas	hn	05/2	2/2015	

**Signature of Reporting Person

Explanation of Responses:

- * 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).

The reporting person is voluntarily reporting the acquisition of shares of common stock pursuant to the Tandem Diabetes Care, Inc. 2013
 (1) Employee Stock Purchase Plan ("ESPP"), for the ESPP purchase period of November 17, 2014 through May 15, 2015. This transaction is also exempt under Rule 16b-3(c).

Date

- (2) In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on May 15, 2015.
- (3) The securities are held by the John Cajigas and Mary E. Cajigas Family Trust, dated 8/11/2005.
- (4) Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan.
- (5) All shares subject to the option will vest as to 25% on 5/21/2016 and the remainder in 36 equal monthly installments thereafter.
- (6) The expiration date for these options is 10 years from the date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.