## Edgar Filing: HANSEN BRIAN B - Form 4

HANSEN E	BRIAN B										
Form 4											
December (	5, 2017										
FORM		CT A TEC	SECU				COMMERION	л	PPROVAL		
	UNITED	SIAIES		shington			COMMISSION	NOMB Number:	3235-0287		
Check the check	ger							Expires:	January 31, 2005		
subject Section Form 4	subject to Section 16. Form 4 or							Estimated burden ho response	average urs per		
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17(	(a) of the l	Public U	Itility Hol	ding Con		nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type	Responses)										
				2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			TAND [TNDN	EM DIAE /]	BETES C.	ARE INC	C (Check all applicable)				
(Last) (First) (Middle) 3. Date of Ear (Month/Day/Y				of Earliest Transaction Director /Dav/Year)X Officer (gi							
	DEM DIABETES 45 ROSELLE STI		12/01/2	-			below) EVP & CHIEF	below) COMMERCIA	L OFFICER		
				ed(Month/Day/Year) A			Applicable Line)	<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
SAN DIEC	iO, CA 92121							One Reporting F More than One R			
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	ully Owned		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemo (Month/Day/Year) Execution any (Month/Da		Date, if TransactionAc Code Di		4. Securiti nAcquired ( Disposed ( (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Transaction(s) (Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benet	ficially own	ed directly o	or indirectly.				
					inform require	ation cont ed to respo ys a currei	pond to the colle ained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)		
	Tab	le II - Deriv	vative Sec	curities Acq	uired, Dis	oosed of, or	Beneficially Owned	l			

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	D

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, 4 5)	f (D)		/Year)	(Instr. 3 and	4)	Se (Ii
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option $(1)$	\$ 2.59	12/01/2017		А	100,000		(2)	(3)	Common Stock	100,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
HANSEN BRIAN B C/O TANDEM DIABETES CARE, INC., 11045 ROSELLE STREET SAN DIEGO, CA 92121			EVP & CHIEF COMMERCIAL OFFICER			
Signatures						
/s/ David B. Berger, Attorney-in-Fact for E Hansen	Brian B.		12/05/2017			
**Signature of Reporting Person			Date			

## **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).
- (1) Granted pursuant to the Tandem Diabetes Care, Inc. 2013 Stock Incentive Plan. The grant is contingent upon future stockholder approval of an increase in the number of shares reserved for issuance under the 2013 Stock Incentive Plan.
- (2) The option shall vest as to fifty percent (50%) of the underlying shares on 12/1/2018, and the remaining shares shall vest in twelve (12) equal monthly installments thereafter.
- (3) The expiration date for these options is ten (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.