		Total population (N=44) Mean ± SE	Microarray subjects	
			Lean (N=7) Mean ± SE	Obese (N=7) Mean ± SE
Procedure	Hernia/Fundoplication	20	5	5
	Bariatric	16	1	2
	Gallbladder	4	1	0
	Other	4	0	0
History	CVD or hypertension	29	4	6
	Dyslipidemia	15	5	3
	Endocrine disorder	18	4	4
	Type II diabetes	5	0	0
	Arthritis	3	0	1
Medications	anti-hypertensive	24	3	5
	anti-lipid	15	2	3
	non-estrogen hormone	16	5	3
	antibiotics	4	0	2
	Anti-inflammatory	2	0	1

Table S1. Surgery, medical history and medications of the total population and subjects whose adipocyte samples were isolated by microarray.

	SS.IFNG	*N*
Age	**0.49**[a]	23
BMI	**0.37**[b]	23
BAI	0.32	22
WHR	**0.45**[a]	22
FPG	0.08	23
TG	**0.42**[b]	22
HDL	-0.14	22
SBP	0.11	23
DBP	**-0.37**[b]	23
FPI	**0.58**[a]	20
Cholesterol	-0.10	22
LDL	-0.09	22
TNFA	**0.58**[a]	21
Leptin	**0.41**[b]	21
IL-6	0.22	21
MCP-1	0.09	21
hsCRP	0.03	20
HOMA-IR	**0.54**[a]	20
Caspase-1 activity	**0.40**[b]	20
SA.NLRP3	**0.37**[b]	22
SA.PYCARD	**0.53**[a]	22
SA.SOD2	-0.16	22
SA.NQO1	0.33	20
SA.TNFA	**0.49**[a]	22
SA.CCL2	0.32	22
SA.LEP	0.26	22
SA.IL1B	**0.44**[a]	22
SA.CIITA	**0.42**[b]	22
SA.HLA-DPB	**0.46**[a]	22
SS.CIITA	0.22	12
SS.HLA-DPB	0.18	15
SS.NLRP3	0.15	23
SS.PYCARD	0.28	23

Table S2. Pearson correlation of human subcutaneous SVF (SS) *IFNG* expression, indicating significant correlation ([a]p<0.5) and trend ([b]p<0.1) towards correlation. The number of paired values available for each correlation is shown, with smaller numbers indicating missing values.

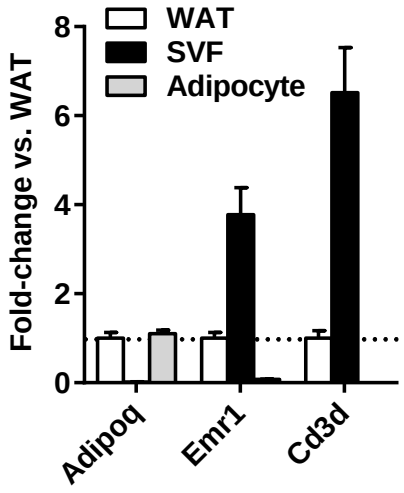

Figure S1. RT-PCR analysis of adipocyte (Adipoq), macrophage (Emr1), and T-cell-specific (Cd3d) mRNAs in human white adipose tissue (WAT), SVF and purified adipocyte samples (Mean±SEM, N=3-4).

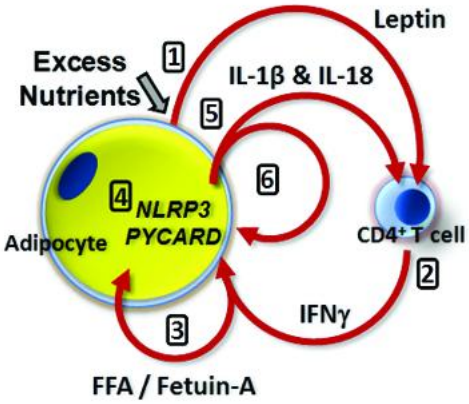

Figure S2. Schematic of a putative adipocyte and T cell interactions during obesity. Nutrient excess increases **1)** adipocyte leptin secretion, which simulates **2)** IFNγ release from adipose-resident T-cells. IFNγ increases adipocyte lipolysis resulting in **3)** increased FFA/Fetuin-A mediated TLR4-signaling. Both IFNγ and TLR4 signaling additively induce **4)** adipocyte NLRP3 and PYCARD expression, resulting in increased NLRP3 inflammasome activity and IL-1β and IL-18 secretion that can induce **5)** further IFNγ production, and **6)** directly simulate adipocyte NLRP3 inflammasome expression.