FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

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OIVIB APPROVAL											
OMB Number:	3235-0287										
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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*  Behbahani Ali				2. Issuer Name and Ticker or Trading Symbol Black Diamond Therapeutics, Inc. [ BDTX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (also title)  Other (check title)								
(Last) (First) (Middle) 2855 SAND HILL RD			3. Date of Earliest Transaction (Month/Day/Year) 12/13/2024								Officer (give title Other (specify below) below)								
(Street) MENLO (City)	PARK CA	4. If Amendment, Date of Original I						al File	d (Month/Da	y/Year	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person								
		Table	I - No	n-Deriva	tive S	Secur	ities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		Date,	3. Transaction Disposed Of (D) (Ins Code (Instr. 8)					Securit Benefic Owned	rities Ficially (ed Following (			7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) (D)	or P	rice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(			
Common	Stock			12/13/	2024		<b>A</b> <sup>(1)</sup>		5,750	A	.   \$	S2.5 <sup>(2)</sup> 63		63,334		D			
Common Stock														4,4	48,757		1 1	See Note 3 <sup>(3)</sup>	
		Tal	ble II -								osed of, convertib				Owne	d			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execut if any	BA. Deemed Execution Date, f any Month/Day/Year)		ction Instr.	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)		Ownersh Form: Direct (Dor Indire (I) (Instr.	Ownership	11. Natur of Indired Beneficia Ownersh (Instr. 4)
					Code	V (A) (D)		Date Expiration		Expiration	Title	Amou or Numb of Share	er						

## **Explanation of Responses:**

- 1. These shares were issued in accordance with the Issuer's Fifth Amended and Restated Non-Employee Director Compensation Policy, pursuant to which the Reporting Person elected to receive shares of the Issuer's common stock in lieu of cash compensation for annual services as a non-employee director of the Issuer.
- 2. The price reported in Column 4 is based upon the closing market price of the Issuer's common stock on December 12, 2024.
- 3. The Reporting Person is a manager of NEA 16 GP, LLC, which is the sole general partner of NEA Partners 16, L.P. ("NEA Partners 16"). NEA Partners 16 is the sole general partner of New Enterprise Associates 16, L.P. ("NEA 16"), the direct beneficial owner of the securities. The Reporting Person disclaims beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the securities held by NEA 16 in which the Reporting Person has no pecuniary interest.

/s/ Zachary Bambach, attorney-in-fact

12/16/2024

\*\* 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.