## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
vvasiliigton,	D.O.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Se	ectic	on 30(h)	of the I	Investm	ent Co	ompany Act of	f 1940									
1. Name and Address of Reporting Person* BIOTECH GROWTH N V					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 X 10% Owner								
(Last) (First) (Middle) ARA HILL TOP BUILDING, UNIT A-5, PLETTERIJWEG OOST 1							3. Date of Earliest Transaction (Month/Day/Year) 04/27/2022									er (give title		below)	specify		
(Street)	AO P8	0	0000		4. If <i>i</i>	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  X Form filed by More than One Reporting Person						
(City)	(St		Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction  3. Transaction  4. Securities Acquired (A) or  5. Amount of  6. Ownership  7. Nature														7. Nature							
1. Title of Security (Instr. 3)				Date (Month/Day		Year) Exec		ecution Date,		ction Instr.		(D) (Instr. 3, 4		and 5) Securi Benefi Owned Report		ties cially l Following ed	Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) oi (D)	Pri	rice Tran (Inst		action(s) 3 and 4)					
Common				04/27/20					P P	<del>-                                     </del>		+	2.6632			8,402 D					
Common Stock 04/28/202											255,711	A		2.5727		594,113		D			
		Tal	ole II -								osed of, o				Owne	d					
1. Title of Derivative Security (Instr. 3)  2. Conversion Frice of Derivative Security		rcise (Month/Day/Year) f ive	Execut if any			4. Transaction Code (Instr. 8)				e Exer ition D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	per							
		Reporting Person*																			
		(First) JILDING, UNIT JOST 1		iddle)																	
(Street)	AO	P8	00	000																	
(City)		(State)	(Zip	p)																	
1. Name and Address of Reporting Person*  BB BIOTECH AG																					
(Last) (First) (Middle) SCHWERTSTRASSE 6																					

**Explanation of Responses:** 

SCHAFFHAUSEN V8

(State)

CH-8200

(Zip)

## Remarks:

(Street)

(City)

Biotech Growth N.V. is a wholly-owned subsidiary of BB Biotech AG. Accordingly, BB Biotech AG may be deemed to be the indirect beneficial owner of the securities of Black Diamond Therapeutics, Inc. held directly or indirectly by Biotech Growth N.V. This Form 4 is filed jointly by BB Biotech AG and Biotech Growth N.V.

 /s/Ivo Betschart
 04/29/2022

 /s/Martin Gubler
 04/29/2022

\*\* Signature of Reporting Person

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

- $^{\star}$  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.