FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Velleca Mark A.					2. Issuer Name and Ticker or Trading Symbol Black Diamond Therapeutics, Inc. [ BDTX ]								(Check all app		,		rson(s) to Issuer  10% Owner  Other (specify		
(Last)	(Fi ACK DIAM	rst) (MIOND THERAP)	Middle)	CS, INC.		3. Date of Earliest Transaction (Month/Day/Year) 03/16/2023									below			below)	вреспу
ONE MAIN STREET, 14TH FLOOR				4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applic Line)						
(Street) CAMBRIDGE MA 02142													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				- 1	
(City)	(St	ate) (Z	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a cor satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruct												nded to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				y/Year)   Exec		Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Of (D) Code (Instr. 5)			s Acquired (A) o of (D) (Instr. 3, 4 a		and Securi Benefi Owned		ties cially I Following			7. Nature of Indirect Beneficial Ownership	
					Code V Amount (A) or Price Reported Transaction (Instr. 3 and			ction(s)			(Instr. 4)								
Common Stock 03/16/2				023 A <sup>(1)</sup> 11,228 A \$				\$1.6	.67 <sup>(2)</sup> 32,385				D						
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)  1. Title of Conversion or Exercise Price of Derivative Security  1. Title of Date Security  3. Transaction Date Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Der	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisable		Expiration Date		Amount or Number of Shares						

## Explanation of Responses:

- 1. These shares were issued in accordance with the Issuer's Fourth 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 March 16, 2023.

/s/ Brent Hatzis-Schoch, Attorney-in-Fact 03/20/2023

\*\* 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.