FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner resnonse.	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* Bender Jeremy					2. Issuer Name and Ticker or Trading Symbol Day One Biopharmaceuticals, Inc. [DAWN]						[Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 2000 SIE	,	irst) VT PARKWAY, S	(Middle) SUITE 501		3. Date of Earliest Transaction (Month/Day/Year) 01/05/2024					X	Officer (give title below) Chief Executive Officer						
(Street) BRISBA	NE C.	A	94005	4	. If Ame	endment, [Date o	of Original File	ed (Monti	h/Da	y/Year)	6. Inc Line)	Form fil	ed by One	Repor	Check Appliting Person One Reporti	
(City)	(S	tate)	(Zip)	F	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
1. Title of Security (Instr. 3) 2. Transa Date				. Transacti	action 2A. Deemed Execution Date,		3. Transacti	Transaction Disposed Of (D) Code (Instr.		f, or Beneficially lies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Table II - Deriva			erivativ	Code V Amount (A) or Pricing Securities Acquired, Disposed of, or Beneficia			Frice	Transacti (Instr. 3 a									
								s, options,									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Code	ansaction Derivative E ode (Instr. Securities (I		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expirati Date	tion	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Stock Option (right to buy Common Stock)	\$14.44	01/05/2024		A		286,000		(1)	01/04/20	034	Common Stock	286,000	\$0.00	286,00	00	D	
Restricted Stock Units	(2)	01/05/2024		A		187,000		(3)	(3)		Common Stock	187,000	\$0.00	187,00	00	D	

Explanation of Responses:

- 1. The option vests as to 1/48th of the total shares monthly, commencing February 5, 2024, subject to the Reporting Person's provision of service to the Issuer on each vesting date.
- 2. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of the Issuer's Common Stock upon settlement.
- 3. The RSUs vest as to 1/16th of the total award in quarterly installments on February 15, May 15, August 15 and November 15, subject to the Reporting Person's provision of service to the Issuer on each vesting

Remarks:

/s/ Charles N. York II, as Attorney-in-Fact

01/09/2024

** 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.