FORM 4

Check this box if no longer subject

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 per response: | 0.5 | | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* York Charles N II | | | | | 2. Issuer Name and Ticker or Trading Symbol Day One Biopharmaceuticals, Inc. [DAWN] | | | | | | | | | (Ch | eck all app Direc V Office | tor er (give title | ng Pers | 10% Ov Other (: | wner |
|---|--|----------|--------|---|--|--|----------------------|--|-----------------|---|-------------------|---|---------|---|--|------------------------------------|--|---------------------------------------|------|
| (Last) (First) (Middle) 395 OYSTER POINT BLVD, SUITE 217 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/08/2022 | | | | | | | | | | below | 0) OO, CFO | and Se | below) ecretary | | |
| (Street) SOUTH FRANCI | | A 9 | 4080 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if any | | Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | ies Acquired (A Of (D) (Instr. 3 | | (A) or 3, 4 an | Benefic | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (, |
| Common Stock 07. | | | 07/08/ | 3/2022 | | | | S ⁽¹⁾ | | 1,416 | I |) | \$20 | 333,865 | | | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Expiration (Month/I | on Da | ear) Securit Underl Derivat Securit 3 and 4 | | unt of rities rlying ative rity (In 4) | estr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y C F D o (I | 0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code V (A) | | (D) | Date Exercisa | Date Expiration | | Num of Shai | | | | | | | | |

Explanation of Responses:

1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person on September 15, 2021.

Remarks:

/s/ Charles N. York II

07/12/2022

** 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.