

OMB APPROVAL table with OMB Number 3235-0287 and estimated average burden of 0.5 hours per response.

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

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

Form header section containing reporting person details (Grossman William), issuer information (Day One Biopharmaceuticals, Inc.), transaction date (05/23/2024), and relationship to issuer (Director, 10% Owner).

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table I header with columns for Title of Security, Transaction Date, Deemed Execution Date, Transaction Code, Securities Acquired/Disposed, Amount, Price, Ownership Form, and Nature of Indirect Beneficial Ownership.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Table II header and one data row for a Stock Option (right to buy Common Stock) with details on conversion price, transaction date, and expiration.

Explanation of Responses:

1. The option vests as to 1/12th of the total grant on each monthly anniversary, beginning on June 23, 2024, subject to the Reporting Person's provision of service to the Issuer on each vesting date.

Signature: /s/ Charles N. York II, as Attorney-in-Fact; Date: 05/28/2024

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.