FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
F	OMB Number:	3235-0287									
Ш	Estimated average burden										

0.5

hours per response:

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

## 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

											ompany Act o	f 1940	)						-	
1. Name and Address of Reporting Person* BIOTECH GROWTH N V				2. Issuer Name <b>and</b> 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,					3. Date of Earliest Transaction (Month/Day/Year) 06/27/2023									Office belov	er (give title v)		Other below)	(specify		
PLETTERIJWEG OOST 1				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CURACAO P8 00000															Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)					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.															
		Table	l - Noı	n-Derivat	tive S	ecui	rities A	cqı	uired	, Di	sposed of	, or E	3ene	ficiall	y Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			ear) Execution		ution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						С	Code	v	Amount	(A) (D)	or Pri	ce	Reported Transaction(s) (Instr. 3 and 4)		, ,		(			
Common	Stock			06/27/202	23			P		1,740,000	A	\$5	5.4914	7,1	17,839		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)	2. Conversion Onte Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)		tion Date,		ransaction Nu code (Instr. of		ve es d			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A) (E		Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er						
1. Name and Address of Reporting Person* BIOTECH GROWTH N V						,						,	,		,	,		-		
(Last) (First) (Middle) ARA HILL TOP BUILDING, UNIT A-5, PLETTERIJWEG OOST 1																				
(Street) CURACAO P8 00000					,															
(City)	ity) (State) (Zip)																			
1. Name and Address of Reporting Person*  BB BIOTECH AG																				
(Last)	(Last) (First) (Middle) SCHWERTSTRASSE 6		iddle)																	
(Street) SCHAFFHAUSEN V8 CH-8200																				

Explanation of Responses:

(State)

(Zip)

Remarks:

(City)

 By: /s/Ivo Betschart
 06/29/2023

 By: /s/Martin Gubler
 06/29/2023

 \*\* Signature of Reporting Person
 Date

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.