FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT C |
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| | |

OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* De Madre Armelle | | | | | | 2. Issuer Name and Ticker or Trading Symbol Datadog, Inc. [DDOG] | | | | | | | | (Chec | k all app Direc | , | ng Per | rson(s) to Is 10% Ov Other (s | vner |
|--|--|---------|----------|---|-----------------|---|---------------------------|------------------|---|-------|---|--------------|---|---|---|--|--------------------------------------|---|----------|
| | (Fii | IC. | ⁄liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/02/2021 | | | | | | | | X | below | | | below) | posity |
| 620 8TH AVENUE, 45TH FLOOR | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW Y | ORK N | 7 1 | 0018 | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | 1 0100 | , , , , , , , , , , , , , , , , , , , | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or E | Benef | icially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date, | | ate, | | | | s Acquired (A) of (D) (Instr. 3, 4 | | and Securi Benefi | | ties cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) o (D) | Pri | ce | Transa | action(s) . 3 and 4) | | | (1130.4) |
| Class A Common Stock 09/02/20 | | | | | 021 | | | | S ⁽¹⁾ | | 1,585 | D | \$1 | 36.34 | 58,545 | | | D | |
| Class A Common Stock 09/07/20 | | | | 021 | | | | S ⁽²⁾ | | 1,141 | D | \$1 | 38.18 | 3 57,404 | | | 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 urity or Exercise (Month/Day/Year) Execution Date, if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | Expirat | 5. Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Sei (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

- 1. The Reporting Person was required by the Issuer to sell only the number of shares of common stock necessary to cover applicable tax withholding obligations realized upon the vesting of restricted stock units, as well as any related brokerage commission fees.
- 2. Shares sold pursuant to a 10b5-1 plan entered into on August 18, 2020.

Remarks:

Armelle De Madre, by /s/ Ron 09/07/2021

** Signature of Reporting Person

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.