FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
|---------------|------------|
|---------------|------------|

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Ittycheria Dev | | | | | | 2. Issuer Name and Ticker or Trading Symbol Datadog, Inc. [DDOG] | | | | | | | | | k all app Direc | tor | ng Pei | 10% O | wner | | |
|--|--|---------|---------|-------------|---|---|---|---------------------------|-----------------------------|--|--------------------|---|--|---|---|--|-------------------|--|--|--|--------------------------|
| l | (Fi ΓADOG, IN | IC. | Middle) | | | te of E | | t Trans | saction (Month/Day/Year) | | | | | | Officer (give title below) | | Other (below) | | specify | | |
| 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 YORK NY 10018 | | | | | | | | | | | | | X | on orting | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acc | uired | , Dis | posed of | , or E | Benefi | cially | Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution I | | | ate, | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Secur Benef | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) o (D) | r Pric | e | Transa | action(s) 3 and 4) | | | (111341. 4) | | | | | |
| Class A Common Stock 01/06/2 | | | | | 022 | | | | S ⁽¹⁾ | | 3,750 | D | \$14 | 5.56 | 281,698 | | | D | | | |
| Class A Common Stock 01/06/20 | | | | | 022 | | | | S ⁽¹⁾ | | 3,750 | D | \$14 | 15.56 | .56 242,149 | | 242,149 | | | | By LLC ⁽²⁾ |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | tion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Expira (Month | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | r | | | | | | | |

Explanation of Responses:

- $1. \ Shares \ sold \ pursuant \ to \ a \ 10b5-1 \ plan \ entered \ into \ on \ November \ 23, \ 2021.$
- 2. Shares are held directly by LIDI 11 21 LLC (the "LLC"). The Ittycheria Family Trust (the "Trust") is the sole member of the LLC and Reporting Person is a beneficiary of the Trust.

Remarks:

Dev Ittycheria, by /s/ Ron A. Metzger, Attorney-in-Fact

01/10/2022

** 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.