FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e: 0.5								

Check this box if no longer subject 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

					01 360	, lion 3	0(11)	Ji lile ii	ivesinei	il Cui	npany Act o	11940								
Name and Address of Reporting Person*  Le-Quoc Alexis						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Datadog, Inc. [ DDOG ]									eck all app	,	ng Pers	son(s) to I:		
														4	Office			Other (s		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							)	X Officer (give title below)			below)	ьреспу 		
C/O DATADOG, INC.					05/26/2023									Chief Technology Officer						
620 8TH AVENUE, 45TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
*														X Form filed by One Reporting Person						
(Street)														X Form filed by One Reporting Person Form filed by More than One Reporting						
NEW YO	EW YORK NY 10018															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	I - No	n-Deriva	tive S	ecui	ities	Acq	uired,	Dis	posed of	, or I	Ben	eficia	lly Owr	ned				
1. Title of S	Security (Ins	tr. 3)		2. Transact Date	·	Exec	A. Deemed Recution Date,		3. 4. Securities Transaction Disposed Of						4 and   Securities		6. Ownership Form: Direct		7. Nature of Indirect	
				(Month/Day	y/Year) if any (Month/Day/Year			//Year)	Code (Instr.   5)				Benefi Owned	ı İ	(D) or Indired (Instr.	ct (I)	Beneficial Ownership			
						Code	v	Amount	(A)	or	Price	Report Transa	Following Reported Transaction(s)		4)	(Instr. 4)				
										_		(0)	<u>'</u>		(Instr.	3 and 4)				
Class A Common Stock 05/26/2					.023				J <sup>(1)</sup>	V	4	A	A	\$0.00		4			By Trust <sup>(2)</sup>	
Class A Common Stock 05/26/2						2023					4	I		\$0.00		0			By Trust <sup>(2)</sup>	
Class A Common Stock															288,630		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. De	emed	4.		5.		6. Date E	xerc	isable and	7. Titl	le and	8.	. Price of	9. Number	of 10	0.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execu	tion Date, n/Day/Year)	Transa	Transaction Code (Instr.		vative urities uired or osed )) r. 3, 4	Expiration (Month/I	te	Amount of Securities Underlying Derivative Security (Instr. 3 an		D S (I	erivative ecurity nstr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Sha	ber						

## **Explanation of Responses:**

- 1. Acquired in pro rata distribution from a fund in which the Reporting Person is a limited partner.
- 2. Shares are held by the Alexis Le-Quoc Revocable Trust.

## Remarks:

Alexis Le-Quoc, by /s/ Ron A. 05/31/2023 Metzger, Attorney-in-Fact

\*\* 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.