## FORM 4

## **UNITED STATES SE**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

CURITIES AND EXCHANGE COMMIS	SION
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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

1. Name and Address of Reporting Person*  Audet Juliette Berangere				2. Issuer Name and Ticker or Trading Symbol NewAmsterdam Pharma Co N.V. [ NAMS ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) (First) (Middle) C/O NEWAMSTERDAM PHARMA COMPANY N.V.						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025							Officer (give title Other (specify below)  Chief Business Officer					
GOOIMEER 2-35  (Street)  NAARDEN P7 1411 DC  (City) (State) (Zip)										Line	Individual or Joint/Group Filing (Check Applicable ne)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
		Та	ble I - Non	n-Deriv	ativ	e Se	curities	s Ac	quired, D	isposed	of, or	r Ben	eficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L					sy/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8)				on Dispose	curities Acquired (A) or Osed Of (D) (Instr. 3, 4 and (A) or Ose			and 5) Securities Beneficially Owned Following Reported		6. Own Form: (D) or I (I) (Inst	Direct I Indirect I tr. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)	
			Table II - I						uired, Dis	posed o	f, or E	(D) Bene		(Instr. 3 a				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Co	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	s s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Со	ode '	v	(A)	(D)	Date Exercisable	Expiration Date	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)			
Option (right to buy)	\$25.96	01/02/2025		1	A		100,000		(1)	01/02/2035	Ordi Sha		100,000	\$0	100,00	00	D	

## **Explanation of Responses:**

1. 25% of the shares underlying the option will vest on January 2, 2026, the one-year anniversary of the vesting start date, with the remaining shares vesting in equal monthly installments thereafter for three years, subject to the Reporting Person's continued service through such date.

/s/ Juliette Berangere Audet

01/06/2025

\*\* 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.