FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	HIND EXCHANGE COMMINION
Washington	D.C. 20549

- 1	OWID ALT NOVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

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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

Name and Address of Reporting Person* Kling Douglas F				2. Issuer Name and Ticker or Trading Symbol NewAmsterdam Pharma Co N.V. [NAMS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Kiing Douglas F				The state of the s								Directo			10% Ow		
												below)	(give title		Other (s below)	pecity	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								Chief Operating Officer					
C/O NEWAMSTERDAM PHARMA COMPANY N.V.				01/02/2023													
GOOIMEER 2-35				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													Form filed by One Reporting Person				
NAARD	EN P	7	1411 DC									'	Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution D		Date,	Code (Instr.					Beneficia Owned F	s Form (D) or ollowing (I) (In		: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership	
								Cod	v	Amount	(A) (D)	Price	Reported Transacti (Instr. 3 a	saction(s)			Instr. 4)
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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	te, Tra	nsactio de (Inst	5. Numb Derivativ Securitic Acquire or Dispo	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 Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	de V	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	Amount (Instr. 4) or Number				
Option (right to buy)	\$25.96	01/02/2025		A		250,000		(1)		01/02/2035	Ordinary Shares	250,000	\$0	250,00	00	D	

Explanation of Responses:

1. 25% of the shares underlying the option will vest on January 2, 2026, the one-year anniversary of 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 each such date.

> /s/ Louise Kooij by Power of Attorney from Douglas F. Kling

01/06/2025

** 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.