FORM 4

UNITED

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

STATES SECURITIES AND EXCHANGE COMMISSION)N
STATES SECURITIES AND EXCHANGE COMMISSION	/13

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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*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Somaiya Mayur Ian					17	NewAmsterdam Pharma Co N.V. [NAMS]								Director				10% Ow	ner
					- _										fficer (elow)	(give title		Other (s below)	pecify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								Chief Financial Officer					
C/O NEWAMSTERDAM PHARMA COMPANY N.V.					01	01/02/2025													
GOOIMEER 2-35					4.	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Changa)					-									Line) Form filed by One Reporting Person					
(Street) NAARD	EN P	7	1411 DC											Form filed by One Reporting Person 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						rear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed Of (D) Code (Instr.				5. Amoun Securities Beneficial Owned Fo		lly ollowing	Form	: Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)		Trai	Transaction(s) (Instr. 3 and 4)				msu. 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 Da if any (Month/Day/	ate, T	1. Transa Code (I		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 Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v			Date Exercisab		Expiration Date	Title	Amount or Number of Share	.		Transaction(s) (Instr. 4)			
Option (right to buy)	\$25.96	01/02/2025			A		220,000		(1)	0	01/02/2035	Ordinary Shares	220,00	\$()	220,00	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 Mayur Ian

01/06/2025

<u>Somaiya</u>

** 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.