## FORM 4

## **UNITED STATE**

Washington, D.C. 20549

:S	SECURI	TIES AND	<b>EXCHANGE</b>	COMMISSION
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OMB APPROVAL									
OMB Number:	3235-0287								
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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.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*					2. Issuer Name <b>and</b> Ticker or Trading Symbol NewAmsterdam Pharma Co N.V. [ NAMS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
JONES WILLIAM A JR					THE TRANSPORTED THE THE COURT OF THE PROPERTY									Director			10% Ow			
					<u> </u>										V	Officer (give title below)			Other (s below)	pecity
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025									Chief Commercial Officer						
C/O NEWAMSTERDAM PHARMA COMPANY N.V.					01/02/2023															
GOOIMEER 2-35				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														1 - 2	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 Dat		Date,	, Transaction Dis Code (Instr.		4. Securii Disposed	urities Acquired (A) o sed Of (D) (Instr. 3, 4		(A) or 3, 4 and 5	Beneficial Owned Fo	s Form Illy (D) or ollowing (I) (In		: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code V Amount (A) or (D)				Price	Reported Transaction(s) (Instr. 3 and 4)				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	Co	Transacti Code (Ins				Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	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)
				Co	ode	v	(A)	(D)	Date Exe	e ercisabl		xpiration ate	Title	0 N	mount r lumber f Shares		(Instr. 4)	ion(s)		
Option (right to buy)	\$25.96	01/02/2025			A	200,000			(1)	0	1/02/2035	Ordinary Shares 200		200,000	\$0	200,000		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/ William A. Jones, Jr.

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.