## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

OMB APPROVAL									
OMB Number:	3235-0287								
	learned and								

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

## 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

Instruc	uon 10.																		
Name and Address of Reporting Person*     McKenna Mark C.					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)						
WICKEI	ilia iviai k	<u>C.</u>											1	1	Directo	r		10% Ow	ner
(Last) (First) (Middle) C/O NEWAMSTERDAM PHARMA COMPANY N.V.					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025									Officer below)	(give title		Other (s below)	pecify	
	EER 2-35				4. li	f Ame	endment, [	Date o	f Original	Filed	(Month/Da	ıy/Year)		6. Ind Line)	ividual or J	oint/Group	Filing	(Check App	licable
(Street)														1	Form fi	led by One	Repo	rting Person	
(Street) NAARDEN P7 1411 DC													Form filed by More than One Reporting Person						
(City)	(St	tate)	(Zip)																
		Tab	le I - Nor	n-Deriv	/ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	enefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Dat		Date,	Code (Instr.					4 and Securiti Benefic Owned		es ally following	Form (D) or	orm: Direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (		or Pr	ice	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
Ordinary Shares 01/				01/07	7/2025		A		6,960 <sup>(1)</sup> A			(2)	6,9	6,960		D			
		٦	Fable II - I								osed of, onvertil				Owned				
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/Ye	Date, 1	Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)		)	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	ve ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					
Option (right to buy)	\$25.85	01/06/2025			A		32,500		(3)	C	01/06/2035	Ordinary Shares	32,5	000	\$0	32,500	0	D	

## **Explanation of Responses:**

- 1. Represents restricted stock units (RSUs), each representing a contingent right to receive one ordinary share. 1/3 of the RSUs will vest on each of the first, second and third anniversaries of the vesting start date, subject to the Reporting Person's continued service through each such date.
- 2. Each RSU was granted on January 7, 2025 for no consideration.
- 3. 1/3 of the shares underlying the option will vest on January 6, 2026, the one-year anniversary of vesting start date, with the remaining shares vesting in equal monthly installments thereafter for two years, subject to the Reporting Person's continued service through each such date.

/s/ Louise Kooij by Power of Attorney from Mark C.

01/08/2025

McKenna

\*\* 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.