UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d)
of The Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2025

NewAmsterdam Pharma Company N.V.
(Exact name of registrant as specified in its charter)

The Netherlands	**001-41562**	**N/A**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

Gooimeer 2-35 **Naarden** **The Netherlands**	**1411 DC**
(Address of principal executive offices)	**(Zip Code)**

+31 (0) 35 206 2971
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencements communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbols	Name of each exchange on which registered
Ordinary Shares, nominal value €0.12 per share	NAMS	The Nasdaq Stock Market LLC
Warrants to purchase Ordinary Shares	NAMSW	The Nasdaq Stock Market LLC

☐ Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

☐ If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

On January 10, 2025, NewAmsterdam Pharma Company N.V. (the "Company") issued a press release highlighting milestones achieved in 2024 and its strategic priorities and anticipated milestones for 2025. A copy of the press release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and incorporated herein by reference.

On January 10, 2025, the Company posted an updated corporate investor presentation on its website (https://www.newamsterdampharma.com/). A copy of the corporate investor presentation is furnished as Exhibit 99.2 to this Current Report on Form 8-K and incorporated herein by reference. The information contained on, or that can be accessed from, the Company's website is not incorporated into, and does not constitute a part of, this Current Report on Form 8-K.

The information contained in this Item 7.01, including Exhibit 99.1 and Exhibit 99.2, is being "furnished" and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liability of that Section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended (the "Securities Act"). The information contained in this Item 7.01, including Exhibit 99.1 and Exhibit 99.2, shall not be incorporated by reference into any registration statement or other document pursuant to the Securities Act or into any filing or other document pursuant to the Exchange Act, except as otherwise expressly stated in any such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION
99.1	Press Release, dated January 10, 2025
99.2	NewAmsterdam Pharma Company N.V. Corporate Presentation
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

NewAmsterdam Pharma Company N.V.

By: /s/ Michael Davidson
Michael Davidson
Chief Executive Officer

Dated: January 10, 2025

Exhibit 99.1

NewAmsterdam Pharma Highlights 2024 Achievements and Outlines 2025 Strategic Priorities

— Additional data from BROADWAY, BROOKLYN, and TANDEM to be presented throughout 2025; expected to support global regulatory filings for obicetrapib, including EMA submission in 2H25 by our partner Menarini –

— Data from Phase 2 VINCENT trial expected by 2H25, which explores effect of obicetrapib alone and in combination with a PCSK9i on Lp(a) –

— Focus on commercial readiness with manufacturing capacity establishment and inventory build-out —

— Year end, unaudited, cash balance of $835 million following oversubscribed public offering in December 2024 —

Naarden, the Netherlands and Miami, USA; January 10, 2025 – NewAmsterdam Pharma Company N.V. (Nasdaq: NAMS or "NewAmsterdam" or the "Company"), a late-stage, clinical biopharmaceutical company developing oral, non-statin medicines for patients at risk of cardiovascular disease ("CVD") with elevated low-density lipoprotein cholesterol ("LDL-C"), for whom existing therapies are not sufficiently effective or well-tolerated, today provided an update on the obicetrapib clinical development program and outlined its strategic priorities for 2025.

NewAmsterdam is developing obicetrapib, an oral, low-dose, once-daily, and highly selective cholesteryl ester transfer protein ("CETP") inhibitor, alone or as a fixed-dose combination with ezetimibe, as preferred LDL-C lowering therapies to be used as an adjunct to statin therapy for patients at risk of cardiovascular disease with elevated LDL-C, for whom existing therapies are not sufficiently effective or well tolerated. The Company's global, pivotal Phase 3 clinical development program consists of four trials in over 12,250 patients.

"2024 was a landmark year for NewAmsterdam, underscored by exceptional clinical and operational execution. We announced positive topline results from three pivotal Phase 3 trials, BROOKLYN, TANDEM, and BROADWAY, which will form the foundation for our planned global regulatory filings for obicetrapib," said Michael Davidson, M.D., Chief Executive Officer of NewAmsterdam. "We were particularly excited to announce results from BROADWAY, which demonstrated greater than expected reduction in the exploratory outcome measure of major adverse cardiovascular events ("MACE") after only one year of treatment with obicetrapib, with a safety profile that was comparable to placebo. These data not only reinforce obicetrapib's potential to both lower LDL-C and address critical cardiovascular risks, but also support the approach we have taken for our ongoing PREVAIL Phase 3 cardiovascular outcomes trial ("CVOT"), which is designed to assess MACE benefit as its primary endpoint."

"As we move into 2025, we are focused on sharing additional scientific findings on obicetrapib's therapeutic potential through presentations at leading medical meetings and publications in high-impact journals, and on advancing PREVAIL toward a successful data readout. Importantly, following our recent financing, we are operating from a position of financial strength, with capital to support operations through the anticipated PREVAIL CVOT readout and, pending regulatory approval, the commercial launch of obicetrapib. We believe we are at the precipice of a major transformation for CVD care globally and remain steadfast in our mission to unlock the full potential of obicetrapib for the millions of people living with dyslipidemia and at heightened risk for CVD," continued Dr. Davidson.

Key 2024 Achievements:

NewAmsterdam announced positive topline results for three Phase 3 clinical studies, each with safety comparable to placebo:

- BROADWAY evaluated obicetrapib in 2,530 adult patients with established atherosclerotic cardiovascular disease ("ASCVD") and/or heterozygous familial hypercholesterolemia ("HeFH"), whose LDL-C is not adequately controlled despite being on maximally tolerated lipid-lowering therapy. In December, NewAmsterdam reported positive topline data from the BROADWAY study. The primary endpoint was the least-squares mean of the percent change in LDL-C from baseline to day 84 for obicetrapib 10 mg compared to placebo. The primary endpoint was achieved with statistical significance with an LDL-C reduction of 33% ($p<0.0001$). Mean and median reductions in LDL-C at day 84 were 33% and 36%, respectively. As part of the safety analysis, the trial adjudicated MACE, including death, non-fatal myocardial infarction, non-fatal stroke and coronary revascularization, and in an exploratory analysis, a 21% reduction in MACE favoring obicetrapib was observed. NewAmsterdam expects to report additional data at an upcoming medical conference and to publish the data in a major medical journal.

- TANDEM evaluated obicetrapib as part of a fixed-dose combination tablet with ezetimibe, a non-statin oral LDL-lowering therapy, in 407 patients with established ASCVD or multiple risk factors for ASCVD and/or HeFH, whose LDL-C is not adequately controlled despite being on maximally tolerated lipid-lowering therapy. In November, NewAmsterdam reported that the TANDEM trial met all co-primary endpoints, including the obicetrapib-ezetimibe fixed dose combination achieving an LS mean reduction of 49% ($p < 0.0001$) compared to placebo at day 84. Mean and median reductions in LDL-C at day 84 were 52% and 54%, respectively. NewAmsterdam expects to report additional data at an upcoming medical conference and to publish the data in a major medical journal.
- BROOKLYN evaluated obicetrapib in 354 patients with HeFH, whose LDL-C is not adequately controlled despite being on maximally tolerated lipid-lowering therapy. In July, NewAmsterdam reported that the BROOKLYN trial met its primary endpoint, achieving an LS mean reduction of 36% ($p < 0.0001$) compared to placebo at day 84, with additional data presented at the American Heart Association Scientific Sessions 2024 in November. Mean and median reductions in LDL-C at day 84 were 36% and 39%, respectively.
- PREVAIL is a cardiovascular outcomes trial evaluating obicetrapib in patients with a history of ASCVD, whose LDL-C is not adequately controlled despite being on maximally tolerated lipid-lowering therapy. NewAmsterdam completed enrollment of over 9,500 patients in April 2024 and the trial continues in line with expectations.

In addition, NewAmsterdam announced that the United States Patent and Trademark Office ("USPTO") issued a new patent covering the solid form that will be used in the Company's products. The issuance of this composition of matter patent provides intellectual property protection for obicetrapib until July 2043 in the United States. The USPTO has now issued or allowed a total of nine patents covering obicetrapib and its uses.

Key 2025 Milestones and Ongoing Trials:

Over the course of 2025, NewAmsterdam plans to announce additional data from its Phase 3 studies, including BROADWAY, TANDEM, and BROOKLYN. NewAmsterdam also plans to publish data on a significant number of topics that support the overall benefit and differentiation of obicetrapib and the fixed dose combination of obicetrapib plus ezetimibe, compared to other lipid lowering therapies.

In addition to PREVAIL, NewAmsterdam continues to enroll two studies of obicetrapib, including:

- VINCENT, a Phase 2 clinical study to evaluate the effects of obicetrapib alone and in combination with evolocumab on lipoprotein (a) ("Lp(a)") in patients with mild dyslipidemia. The single arm study will treat patients with obicetrapib 10mg daily for 8 weeks followed by obicetrapib 10mg daily plus evolocumab 140 mg/dL every other week for 8 weeks. The study is expected to complete in the second half of 2025 and to enroll 30 patients with baseline Lp(a) levels above 50 mg/dL.
- REMBRANDT, a Phase 3 cardiovascular computed tomography angiography imaging trial to evaluate the effect of obicetrapib plus ezetimibe FDC on coronary plaque. The placebo-controlled, double-blind, randomized, Phase 3 study is being conducted in adult participants with high-risk atherosclerotic cardiovascular disease (ASCVD) who are not adequately controlled by their maximally tolerated lipid-modifying therapy, to assess the impact of the obicetrapib 10 mg + ezetimibe 10 mg FDC daily on coronary plaque and inflammation characteristics. The study is expected to complete in 2027 and to enroll 300 patients.

An additional focus for the Company throughout 2025 will be on commercial manufacturing and readiness. The Company plans to scale up and build inventory sufficient for both the U.S. and European launches, if approved, which will be supported by the approximately $835 million of unaudited cash on hand at year-end 2024.

About Obicetrapib

Obicetrapib is a novel, oral, low-dose, and highly selective CETP inhibitor that NewAmsterdam is developing to overcome the limitations of current LDL-lowering treatments. In each of the Company's Phase 2 trials, ROSE2, TULIP, ROSE, and OCEAN, as well as the Company's Phase 3 BROOKLYN, BROADWAY and TANDEM trials, evaluating obicetrapib as monotherapy or combination therapy, the Company observed statistically significant LDL-lowering combined with a side effect profile similar to that of placebo. The Company is currently conducting the Phase 3 PREVAIL cardiovascular outcomes trial, which is designed to assess the potential of obicetrapib to reduce occurrences of major adverse cardiovascular events, including cardiovascular death, non-fatal myocardial infarction, non-fatal stroke and non-elective coronary revascularization. NewAmsterdam completed enrollment of PREVAIL in April 2024 and randomized over 9,500 patients. Commercialization rights of obicetrapib in Europe, either as a monotherapy or as part of a fixed dose combination with ezetimibe, for cardiovascular diseases have been exclusively granted to the Menarini Group, an Italy-based, leading international pharmaceutical and diagnostics company.

About Cardiovascular Disease

Cardiovascular disease remains the leading cause of death globally, despite the availability of lipid-lowering therapies (LLTs). By 2050 more than 184 million US adults are expected to be affected by CVD and hypertension, including 27 million with coronary heart disease and 19 million with stroke. In the United States from 2019 through 2022, CVD age-adjusted mortality rates increased 9%, reversing the trend observed since 2010 and undoing nearly a decade of progress. Despite the availability of high-intensity statins and non-statin LLTs, LDL-C target level attainment remains low, contributing to residual cardiovascular risk, and underscoring a significant clinical need for improved therapeutic regimens. Even with 269 million LLT prescriptions written over the last 12 months, 30 million under-treated US adults are not at their risk-based LDL-C goal, of which 13 million have ASCVD. Less than 1 in 4 patients with ASCVD achieve an LDL-C goal of less than 70mg/dL and only 10% of very high risk ASCVD patients achieve the goal below 55 mg/dL. In addition to the 30 million under-treated US adults, there are 10 million patients diagnosed with elevated LDL-C who are not taking any LLTs including statins. Beyond LDL-C, additional factors are at play, such as lifestyle choices, tobacco use, and obesity, as well as inflammation, thrombosis, triglyceride levels, elevated Lp(a) levels, and type 2 diabetes.

About NewAmsterdam

NewAmsterdam Pharma (Nasdaq: NAMS) is a late-stage, clinical biopharmaceutical company whose mission is to improve patient care in populations with metabolic diseases where currently approved therapies have not been adequate or well tolerated. We seek to fill a significant unmet need for a safe, well-tolerated and convenient LDL-lowering therapy. In multiple Phase 3 trials, NewAmsterdam is investigating obicetrapib, an oral, low-dose and once-daily CETP inhibitor, alone or as a fixed-dose combination with ezetimibe, as LDL-C lowering therapies to be used as an adjunct to statin therapy for patients at risk of CVD with elevated LDL-C, for whom existing therapies are not sufficiently effective or well tolerated.

Forward-Looking Statements

Certain statements included in this document that are not historical facts are forward-looking statements for purposes of the safe harbor provisions under the United States Private Securities Litigation Reform Act of 1995. Forward-looking statements generally are accompanied by words such as "believe," "may," "will," "estimate," "continue," "anticipate," "intend," "expect," "should," "would," "plan," "predict," "potential," "seem," "seek," "future," "outlook" and similar expressions that predict or indicate future events or trends or that are not statements of historical matters. These forward-looking statements include, but are not limited to, statements regarding the Company's business and strategic plans, the Company's commercial opportunity, the therapeutic and curative potential of the Company's product candidate, the Company's clinical trials and the timing for enrolling patients, the timing and forums for announcing data, the achievement and timing of regulatory approvals, and plans for commercialization. These statements are based on various assumptions, whether or not identified in this document, and on the current expectations of the Company's management and are not predictions of actual performance. These forward-looking statements are provided for illustrative purposes only and are not intended to serve as and must not be relied on as a guarantee, an assurance, a prediction, or a definitive statement of fact or probability. Actual events and circumstances are difficult or impossible to predict and may differ from assumptions. Many actual events and circumstances are beyond the control of the Company. These forward-looking statements are subject to a number of risks and uncertainties, including changes in domestic and foreign business, market, financial, political, and legal conditions; risks related to the approval of the Company's product candidate and the timing of expected regulatory and business milestones, including potential commercialization; whether topline, initial or preliminary results from a particular clinical trial will be predictive of the

final results of that trial and whether results of early clinical trials will be indicative of the results of later clinical trials, or whether projections regarding clinical outcomes will reflect actual results in future clinical trials or clinical use of our product candidate, if approved; ability to negotiate definitive contractual arrangements with potential customers; the impact of competitive product candidates; ability to obtain sufficient supply of materials; global economic and political conditions, including the Russia-Ukraine and Israel-Hamas conflict; the effects of competition on the Company's future business; and those factors described in the Company's public filings with the Securities Exchange Commission. Additional risks related to the Company's business include, but are not limited to: uncertainty regarding outcomes of the Company's ongoing clinical trials, particularly as they relate to regulatory review and potential approval for its product candidate; risks associated with the Company's efforts to commercialize a product candidate; the Company's ability to negotiate and enter into definitive agreements on favorable terms, if at all; the impact of competing product candidates on the Company's business; intellectual property related claims; the Company's ability to attract and retain qualified personnel; and ability to continue to source the raw materials for the Company's product candidate. If any of these risks materialize or the Company's assumptions prove incorrect, actual results could differ materially from the results implied by these forward-looking statements. There may be additional risks that the Company does not presently know or that the Company currently believes are immaterial that could also cause actual results to differ from those contained in the forward-looking statements. In addition, forward-looking statements reflect the Company's expectations, plans, or forecasts of future events and views as of the date of this document and are qualified in their entirety by reference to the cautionary statements herein. The Company anticipates that subsequent events and developments may cause the Company's assessments to change. These forward-looking statements should not be relied upon as representing the Company's assessment as of any date subsequent to the date of this communication. Accordingly, undue reliance should not be placed upon the forward-looking statements. Neither the Company nor any of its affiliates undertakes any obligation to update these forward-looking statements, except as may be required by law.

Company Contact
Matthew Philippe
P: 1-917-882-7512
matthew.philippe@newamsterdampharma.com

Media Contact
Spectrum Science on behalf of NewAmsterdam
Jaryd Leady
P: 1-856-803-7855
jleady@spectrumscience.com

Investor Contact
Precision AQ on behalf of NewAmsterdam
Austin Murtagh
P: 1-212-698-8696
austin.murtagh@precisionaq.com

Exhibit 99.2

Corporate Presentation

January 2025

NewAmsterdam Pharma

Nasdaq: NAMS

NewAmsterdam Pharma

Disclaimer

This presentation (together with oral statements made in connection herewith, this "Presentation") is for informational purposes only. This Presentation shall not constitute an offer to sell, or the solicitation of an offer to buy, any securities, nor shall there be any sale of securities in any states or jurisdictions in which such offer, solicitation or sale would be unlawful.

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If any of these risks materialize or NewAmsterdam's assumptions prove incorrect, actual results could differ materially from the results implied by these forward-looking statements. There may be additional risks that are presently unknown by the Company or that NewAmsterdam currently believes are immaterial that could also cause actual results to differ from those contained in the forward-looking statements. In addition, forward-looking statements reflect NewAmsterdam's expectations, plans, or forecasts of future events and views as of the date of this Presentation and are qualified in their entirety by reference to the cautionary statements herein. NewAmsterdam anticipates that subsequent events and developments will cause the Company's assessments to change. These forward-looking statements should not be relied upon as representing NewAmsterdam's assessments as of any date subsequent to the date of this Presentation. Accordingly, undue reliance should not be placed upon the forward-looking statements. Neither NewAmsterdam nor any of its affiliates undertakes any obligation to update these forward-looking statements, except as required by law.

Market Data

Certain information contained in this Presentation relates to or is based on third-party studies, publications, surveys and NewAmsterdam's own internal estimates and research. In addition, all of the market data included in this Presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while NewAmsterdam believes its internal research is reliable, such research has not been verified by any independent source and NewAmsterdam cannot guarantee and makes no representation or warranty, express or implied, as to its accuracy and completeness.

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Obicetrapib and Obicetrapib plus Ezetimibe Could Address Significant Unmet Need in Cardiometabolic Diseases

- **Significant unmet** need for oral LDL-C lowering therapy as adjunct to statins
- **Simple, once-daily, low-dose** CETP inhibitor with statistically significant LDL-C lowering and effects beyond LDL, observed across three Phase 3 trials and five Phase 2 trials
- **Convenient oral format** potentially enables broad adoption and combinations to address unmet need, if approved
- Robust IP protection **until mid 2043**

30mm+
patients in the US alone are not achieving LDL-C lowering goals

>3,500 pts
of favorable safety/tolerability data comparable to placebo. Blinded data in >9,500 patients

35-40%
LDL-C lowering versus placebo as a monotherapy*

46-56%
mean Lp(a) lowering versus placebo as a monotherapy+

~50%
LDL-C lowering versus placebo in combination** with ezetimibe

21%
observed reduction in MACE favoring obicetrapib at 1-year^

Observed beneficial effects beyond LDL, on ApoB, non-HDL-C, LDL-P, HDL-C and other markers of glycemic control and renal function

Source: Company data for obicetrapib 10mg monotherapy. *Pooled data includes BROOKLYN, TANDEM, BROADWAY Phase 3 data sets. Reduction across ITT mean, median, and LS mean. ** ROSE2 and TANDEM data, Reduction across ITT mean, median, and LS mean +Pooled data from BROOKLYN and TANDEM. LS mean reduction placebo corrected ^Data from BROADWAY trial, MACE was an exploratory endpoint measure

NewAmsterdam Pharma

Previous 18 Months Were a Time of Groundwork, Goals and Growth

Completed and announced results for BROOKLYN, BROADWAY, and TANDEM Phase 3 studies

Building world-class commercial and MSL functions

Doubled in size (~70) with new hires and offices in Amsterdam, NL, Miami, FL, and Philadelphia metro area

Secured funding to support US Commercial launch, if approved, with cash at YE24 of ~$835M

2023

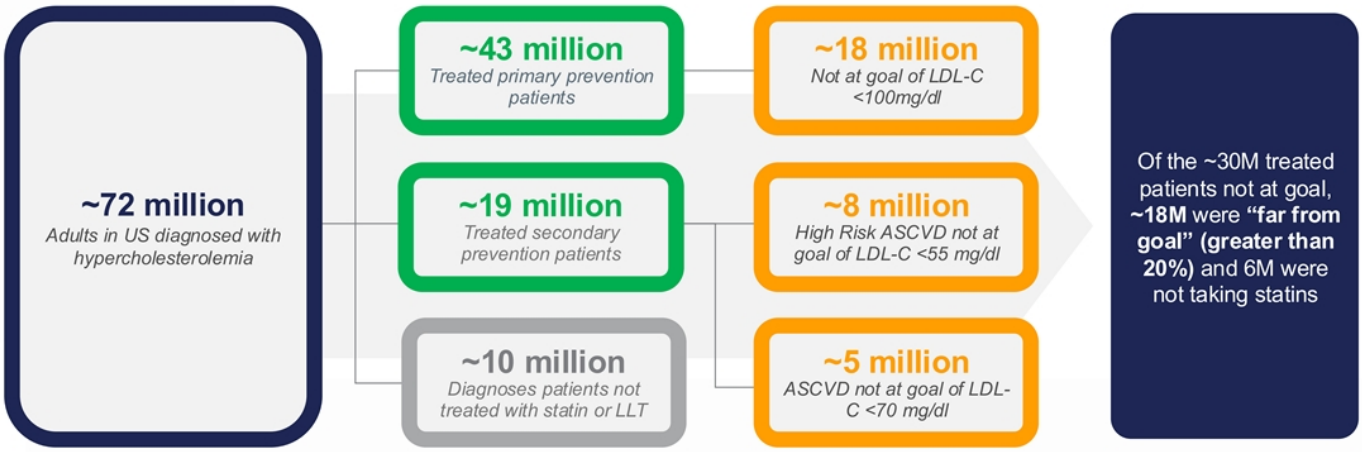
- Presented ROSE2 full data at NLA
- Topline Japan Phase 2b results
- Initial Alzheimer's Phase 2a data
- Selected formulation for obi+eze Phase 3 trial

2024

- Composition of matter IP Granted
- Completed enrollment for PREVAIL CVOT
- Announced topline results for BROOKLYN Phase 3
- Announced topline results for TANDEM Phase 3 trial
- Announced topline results for BROADWAY Phase 3 trial

NewAmsterdam Pharma

Obicetrapib Designed to Address the ~30M Patients in US on Drug but not at Goal



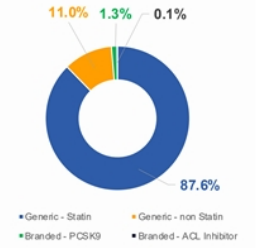
US Branded Lipid Lowering Market

Potential key factors limiting penetration include **product limitations** and **market access** hurdles:
Low prescriber enthusiasm for existing TPPs
Payors restrict access

ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein-cholesterol; LLT=lipid lowering treatment.
Source: ISPOR 2024

Lipid Lowering Therapy (LLT) Market is a Growing Opportunity

1



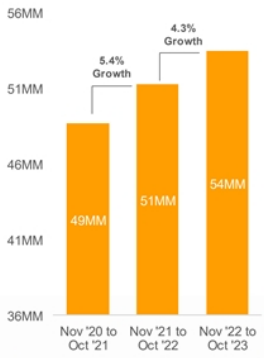
256M

Prescriptions written in past 12 months.[1]

Over 250 MM Rx's annually

2

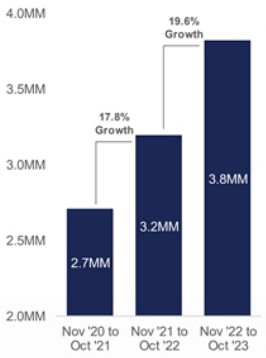
Patients on Lipid lowering Therapy[2]



Market grew 4% over 2 years

3

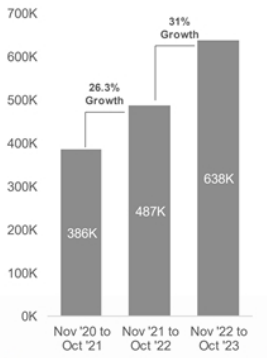
Patients on Non-statin[3] Treatment



Non-statin market grew at high double digits

4

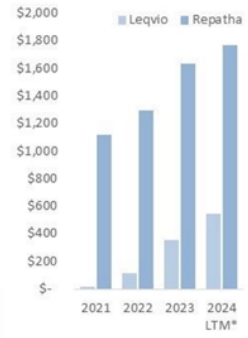
Patients on Branded[4] Treatment



Branded market grew even faster

5

Branded sales driving market opportunity ($ millions)



PCSK9 sales accelerated post launch miscalculations

Recent guideline and label changes driving renewed acceleration

2022: ACC updated guidelines[5] to target LDL-C <55 mg/dl in high-risk patients in line with ESC/EAS

2024: FDA actions reflect need to reduce access restrictions for LLTs. Labels updated from "on top of maximally tolerated statins" to "treatment of primary hyperlipidemia" for some LLTs[6]

1. Source: IQVIA XPT - Data Period – 12 months of TRx from Dec '22 to Nov '23 Source: IQVIA LAAD data from Nov '20 to Oct '23 2. All Lipid Lowering therapies: Statins, Ezetimibe and combinations; PCSK9 and BPA 3. Non-Statins : Ezetimibe and combinations; PCSK9 and BPA 4. Branded: PCSK9 and BPA 5. Lloyd-Jones DM, et al. J Am Coll Cardiol. 2022;80(14):1366-1418 6. Leqvio (inclisiran). Prescribing information. Novartis; 2023.; Nexletol (bempedoic acid). Prescribing information. Esperion Therapeutics Inc; 2023. Note: LTM=last 12 months ending 2Q24

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Majority of ASCVD/HeFH Patients are not Achieving LDL-C Targets

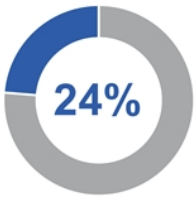
Primary prevention HeFH patients with an LDL-C target <100 mg/dL (2011-2017)[1]

LDL-C < 100 mg/dL

<1/3 achieved LDL-C <100 mg/dL

ASCVD patients with an LDL-C target of LDL<70 or <55 mg/dL (2017-2018)[2]

LDL-C < 70 mg/dL



~1/4 achieved LDL-C <70 mg/dL

Very high risk ASCVD patients with an LDL-C target <55 mg/dL (2020-2021)[3]

LDL-C < 55 mg/dL

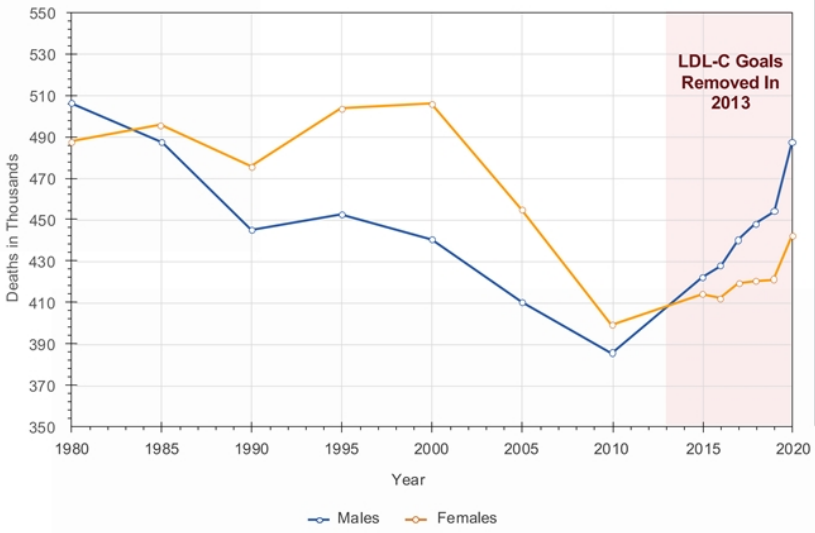
10% achieved LDL-C <55 mg/dL

ASCVD=atherosclerotic cardiovascular disease; HeFH=heterozygous familial hypercholesterolemia; LDL-C=low-density lipoprotein-cholesterol.

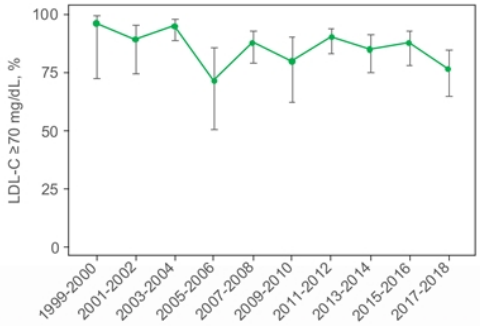
1. Schreuder MM, et al. LDL cholesterol targets rarely achieved in familial hypercholesterolemia patients: A sex and gender-specific analysis. Atherosclerosis. 2023 2. Gao Y, Shah LM, Ding J, Martin SS. US trends in cholesterol screening, lipid levels, and lipid-lowering medication use in US adults, 1999 to 2018. J Am Heart Assoc. 2023;12(3):e028205; 3. Katzmann JL, et al. Simulation study on LDL cholesterol target attainment, treatment costs, and ASCVD events with bempedoic acid in patients at high and very-high cardiovascular risk. PLoS One. 2022;17(10):e0276898;

CV Events Took an Alarming Turn Following Removal of LDL-C Guidelines in 2013

CVD Mortality Trends for US Males and Females, 1980 to 2020[1]



Trends in Prevalence of High LDL-C in US Adults, NHANES 1999-2018 with History of ASCVD[2]



~75% of ASCVD patients are NOT at their risk-based LDL-C goal

1 Tsao, CW., et. al., Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association, Circulation. 2023;147:e00–e00. DOI: 10.1161/CIR.0000000000001123 2. Yumin Gao, Y., et.al., US Trends in Cholesterol Screening, Lipid Levels, and Lipid-Lowering Medication Use in US Adults, 1999 to 2018, J Am Heart Assoc. 2023;12:e028205. DOI: 10.1161/JAHA.122.028205

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Physicians have Limited Treatment Options to Meet Patients Needs

Available and investigational treatment options have limitations

	Ezetimibe[1]	Nexletol[2]	PCSK9i[3]	Obicetrapib[5]	Obi + Eze [5]
Approval	Approved	Approved	Approved	LDL-C data 2024	LDL-C data 2024
MACE Benefit	7%	13%	15%	21%*	TBD
Observed LDL-C Reduction	25%	17%	45-50%	35-40%	49-54%
Administration	Oral (small molecule)	Oral (small molecule)	Injectable (mAb)	Oral (small molecule)	Oral (small molecule)
Dosing	10mg	180mg	140-150mg	10mg	20mg (10mg Obi + 10mg Eze)
Food Effect	No	No	No	No	No
Safety & Tolerability	Safe, well-tolerated	Tendon rupture & gout warning on label	Safe, injection site reactions	Well-tolerated compared to placebo	Well-tolerated compared to placebo
Lp(a) lowering	None	None	15-30%	46-56%	63%

Note: The above data do not represent head-to-head comparisons. Actual results may differ from expectations. Obicetrapib mono and Ezetimibe combo, along with the Oral PCSK9 have not been approved by any regulatory authority. E= estimated dates. Red represents sub-optimal product charateristics.
Sources: 1. PI Zetia table 7. refers to; Gagne, C et al. Am J Cardiol 2002. LDL-C measured only using Friedewald 2. PI Nexletol; study 2. refers to; Goldberg, A et al. JAMA 2019;322(18):1780-1788. LDL-C measured using Friedewald and direct assay for LDL-C <50 mg/dL; 3. multiple studies: Blom, D et al. N Engl J Med 2014; Kereiakes, D et al. Am Heart J 2015.; Ray, K. N Engl J Med 2020. 4. Ballantyne, C et al. JACC 2023;81(16) 5. See slide 12 for LDL-C, *MACE benefit from exploratory analysis in BROADWAY at 1 year 6. MK0616 was observed to have adverse events comparable to pbo in Phase 2b trials

Limited New Therapies on the Horizon

Available and investigational treatment options have limitations

	MK-0616[1]	AZD0780[2]	Obicetrapib[3]	Obi + Eze [4]
Approval	LDL-C data 2026E (CVOT data 2029E)	TBD	LDL-C data 2024	LDL-C data 2024
Current Phase	Phase 3 ongoing	Phase 2b ongoing	Phase 3 completed	Phase 3 completed
Observed LDL-C Reduction	50-59% (~20% with food)	30%-38%	35-40%	49-54%
Administration	Oral (peptide)	Oral (small molecule)	Oral (small molecule)	Oral (small molecule)
Dosing	380mg (20mg API + 360mg SNAC)	30mg-60mg	10mg	20mg (10mg Obi + 10mg Eze)
Food Effect	Yes (8hr fast & 30min wait)	No	No	No
Safety & Tolerability	SNAC technology has previously been observed to have tolerability concerns[5]	Well-tolerated	Well-tolerated compared to placebo	Well-tolerated compared to placebo
Lp(a) lowering	20-25%	unkown	46-56%	63%

Note: The above data do not represent head-to-head comparisons. Actual results may differ from expectations. Obicetrapib mono and Ezetimibe combo, along with the Oral PCSK9 have not been approved by any regulatory authority. E= estimated dates.Red represents sub-optimal product charateristics.
Sources:. 1. Ballantyne, C et al. JACC 2023;81(16) 2. EAS 2024 3. See slide 12 for LDL-C 6. MK0616 was observed to have adverse events comparable to pbo in Phase 2b trials

Obicetrapib Program Designed to Overcome Limitations of Prior CETP Inhibitors

	Torcetrapib[1]	Dalcetrapib[2]	Evacetrapib[3]	Anacetrapib[4]	Obicetrapib[5]
Observed LDL-C reduction[6]	25%	7%	11-21%	17%	35-40%
CETP inhibition	35%	30%	65%	80%	97%
Dosing	60mg	600mg	100mg	100mg	10mg
Blood pressure increase	Yes	No	No	No	No
Aldosterone increase	Yes	No	No	No	No
Lp(a) lowering	unknown	unknown	20-25%	20-25%	46%-56%
ApoB lowering	15%	None	15-20%	18%	22%-24%
OUTCOMES STUDIES					
Name	ILLUMINATE	Dal-OUTCOMES	ACCELERATE	REVEAL	PREVAIL
Patients	15,067	15,871	12,092	30,449	9,541
Baseline LDL-C (mg/dl)	79.7	76.4	81.1	61	103
LDL-C reduction (mg/dl)	20	NS	25	11	TBD
Median follow-up	18 mo	31 mo	26 mo	49 mo	42 mo (expected)
Result (HR)	1.25	1.04	1.01	0.91	TBD
Explanation	Off target tox	No LDL-C benefit	Short follow-up but mortality benefit (HR 0.84)	As expected, low baseline and LDL reduction	TBD

Note: The above trials and data do not represent head-to-head comparisons. Actual results may differ from expectations.
Sources: **1.** Barter et al. NEJM.2007; **2.** Schwartz et al. NEJM.2012; **3.** Lincoff et al. NEJM.2017 **4.** Bowman et al. NEJM.2017 **5.** Company Data **6.** Per PUC, if available

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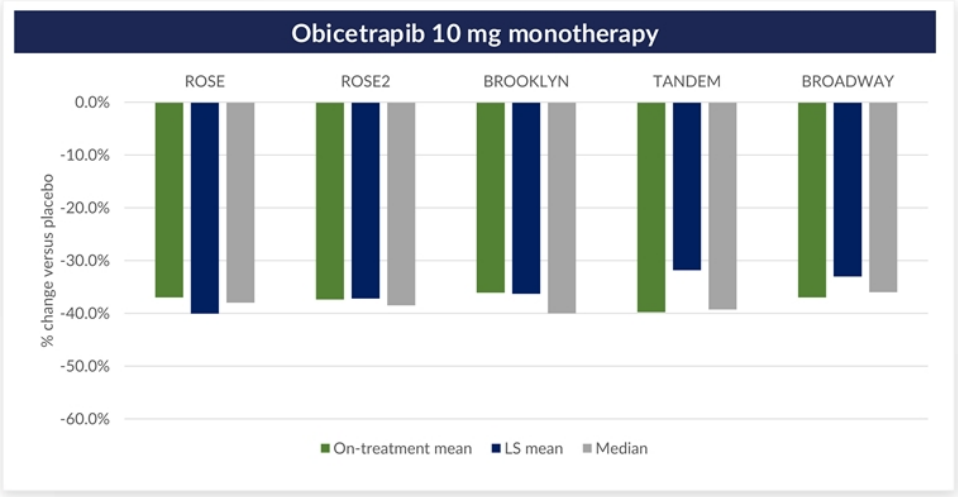
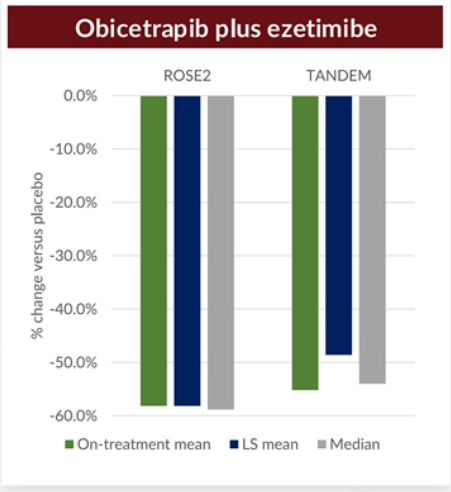
Consistent LDL-C Reduction Observed Across Our Phase 2 and Phase 3 Trials





Monotherapy reductions of 35-40%

Combo reductions of 50-60%

Note: ROSE at week 8, ROSE2, BROOKLYN, BROADWAY, and TANDEM as of week 12.

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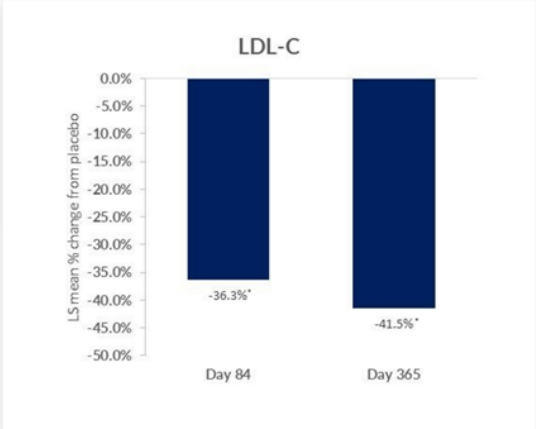
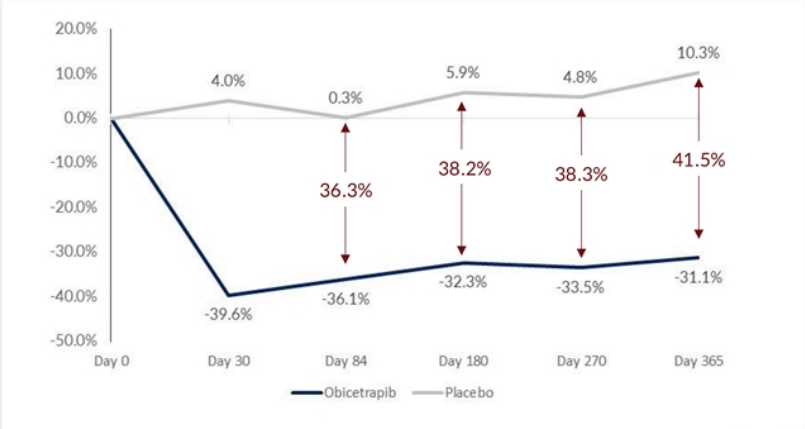
BROOKLYN

Consistent LDL-C Reduction Observed Over One Year Trial Duration

LS Mean % change vs. placebo



LDL-C reduction over time (ITT population)



Note: * = p<0.0001. Martin Hopkins mean changes at baseline, day 30, Day 180, Day 270 and LS mean by PUC at Day 84 and Day 365.

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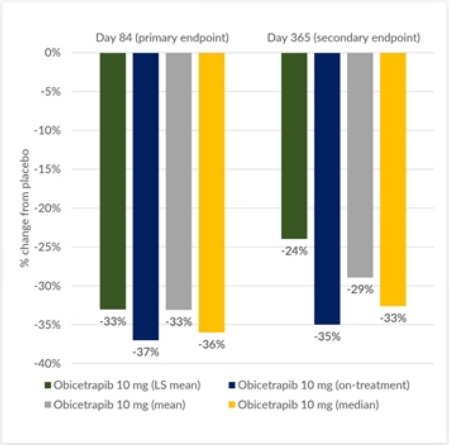
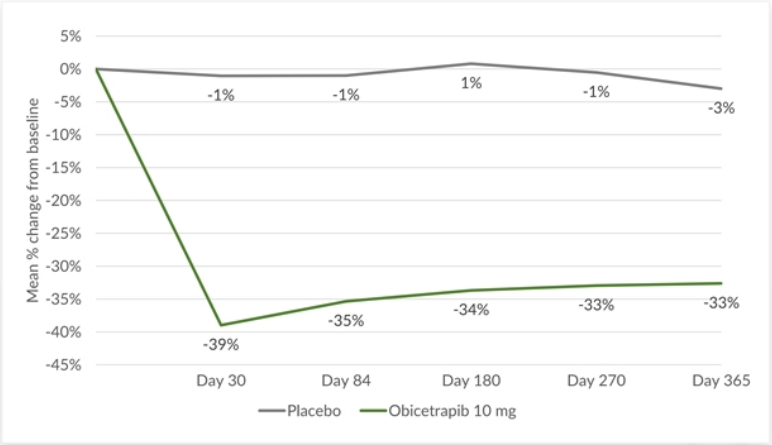
BROADWAY

Consistent LDL-C Reduction Observed Over One Year Trial Duration

LDL-C at day 84 and 365



Mean LDL-C reduction over time



Note: LDL-C at day 84 and 365 chart via PUC. Mean reduction over time chart via Martin/Hopkins.

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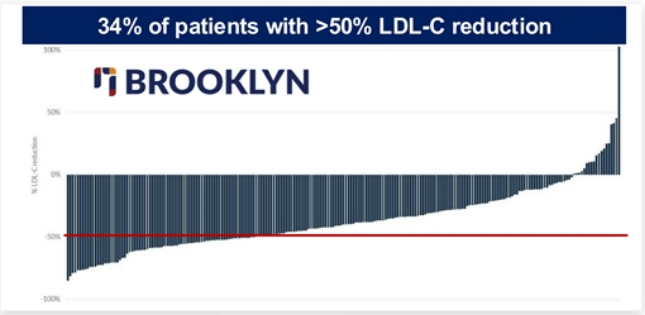
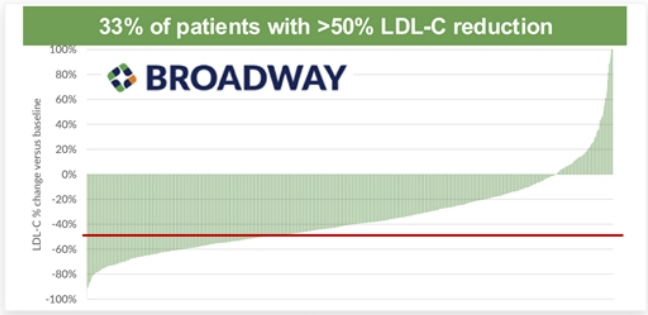
LDL-C Responder Analysis at day 84

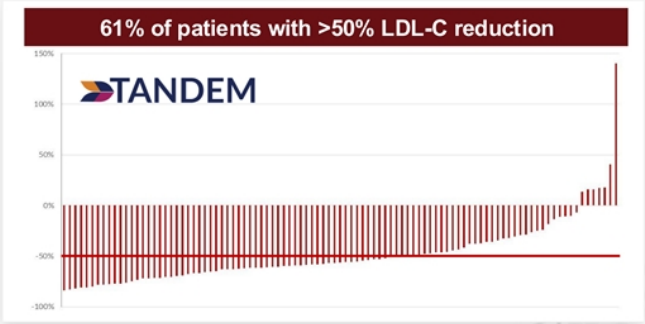
34% of patients with >50% LDL-C reduction



33% of patients with >50% LDL-C reduction



61% of patients with >50% LDL-C reduction



Note: each line represents a single patient in the obicetrapib 10 mg arm, five patients increase more than 100% in the BROADWAY study. TANDEM data for the FDC of obicetrapib and ezetimibe

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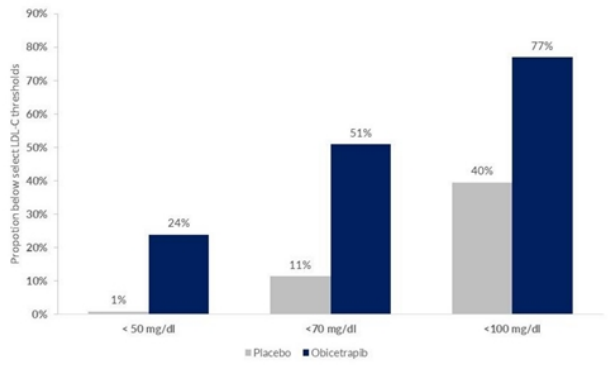
Greater Proportion of Patients in Obicetrapib Arm Achieved LDL-C Goal

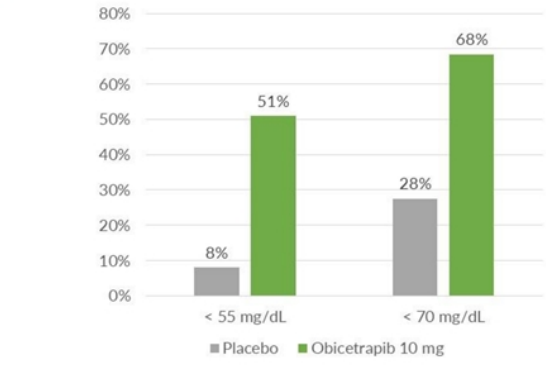
BROOKLYN

% of patients achieving LDL-C thresholds at Day 84



BROADWAY

% of patients achieving LDL-C thresholds at Day 84



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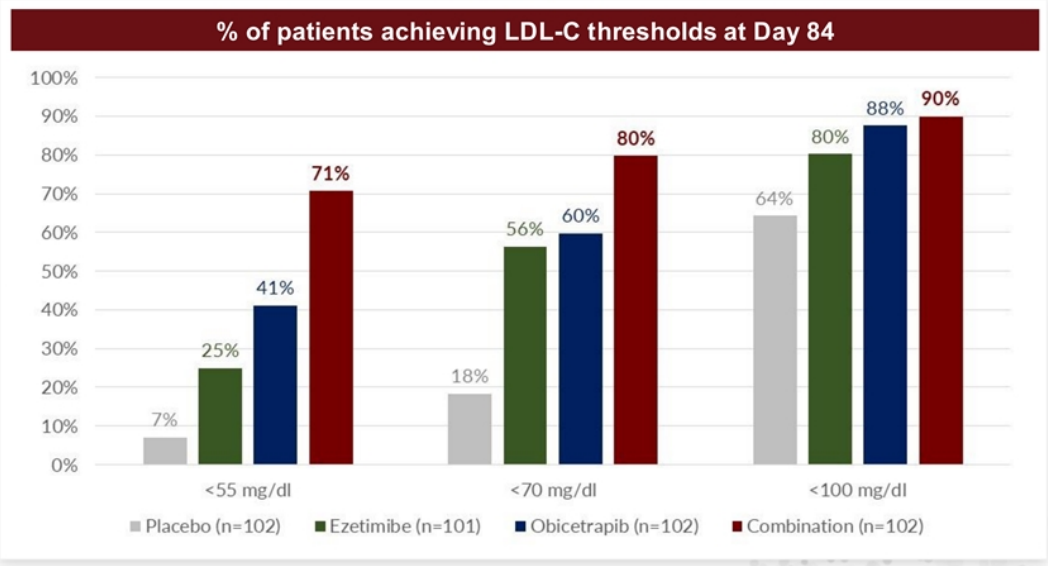
Over 70% of Patients on Obicetrapib+Ezetimbe Achieved Less than <55 mg/dL

TANDEM



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Exploratory Endpoint: Major Adverse Cardiovascular Events (MACE)

BROADWAY MACE Data[1]

	Placebo N = 844	Obicetrapib N= 1686	Hazard Ratio	95% CI
All-cause mortality – no. (%)	12 (1.4)	19 (1.1)	0.83	(0.40-1.71)
Coronary heart death – no. (%)	5 (0.6)	8 (0.5)	0.80	(0.26-2.44)
First 4-point MACE – no. (%)	44 (5.2)	70 (4.2)	0.79	(0.54-1.15)

BROADWAY + BROOKLYN Pooled MACE Data [1]

	Placebo N = 962	Obicetrapib N= 1920	Hazard Ratio	95% CI
All-cause mortality – no. (%)	14 (1.5)	20 (1.0)	0.78	(0.39-1.58)
Coronary heart death – no. (%)	7 (0.7)	9 (0.5)	0.63	(0.24-1.70)
First 4-point MACE – no. (%)	49 (5.1)	75 (3.9)	0.75	(0.53-1.08)

4-point MACE: CHD death, Non-fatal myocardial infarction, non-fatal stroke, coronary revascularization

1. MACE was evaluated in BROADWAY as an exploratory endpoint. There may be limitations on the interpretation of MACE data derived from both BROOKLYN and BROADWAY studies given they were not designed to assess MACE as the primary and secondary endpoints.

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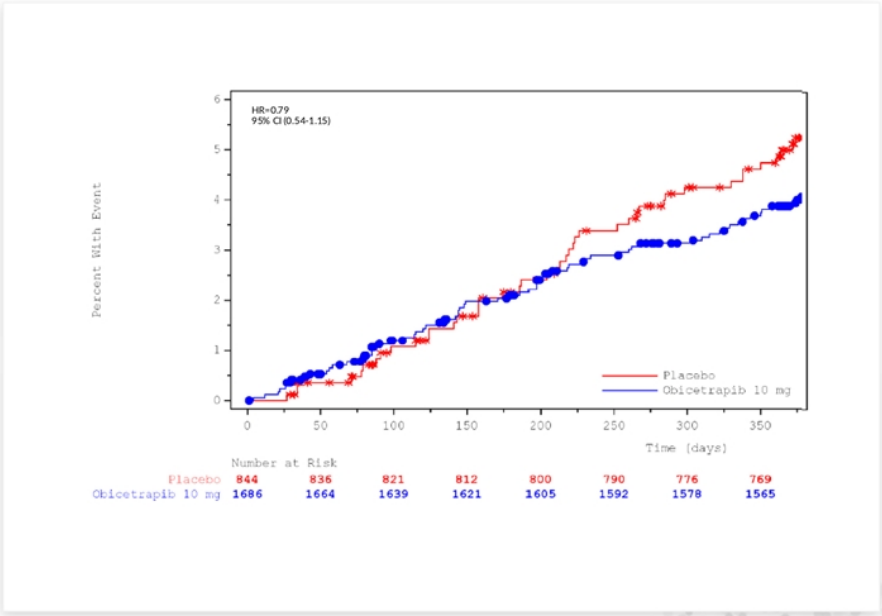
BROADWAY

Kaplan-Meier Curve Separates at Day 200



4-point MACE: CHD death, Non-fatal myocardial infarction, non-fatal stroke, coronary revascularization
Note: While not powered to detect a MACE benefit, we observed positive MACE data as part of our review of the exploratory endpoint. BROADWAY was not powered to measure MACE benefit and the MACE data presented below may not be predictive of the MACE data we observe in PREVAIL, which has been designed to measure MACE benefit.

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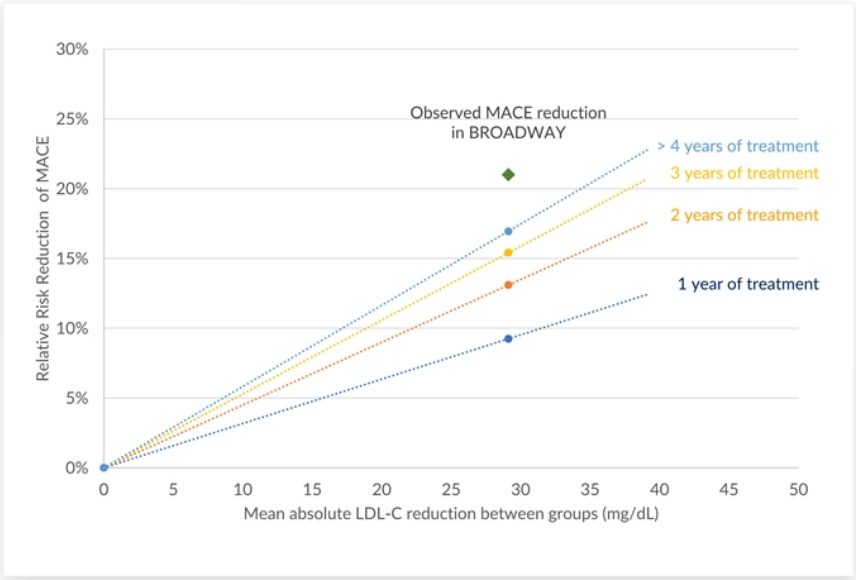
BROADWAY

Observed MACE Reduction in BROADWAY Suggests Potential Benefit Beyond LDL-C



CTT regression Line

- The CTT regression line (dotted lines) represents the expected relationship between a mean absolute reduction in LDL-C versus placebo and the predicted MACE benefit at different time points based on historical trials
- In BROADWAY, we observed a 21% difference in MACE from placebo, after one year of treatment

Note: The 1-4 treatment lines in the chart above reflects the meta-analysis of 26 statin clinical trials conducted by the CTT collaboration which showed that there is a consistent, linear decrease in MACE for every absolute unit of non-HDL (which is primarily composed of LDL-C) cholesterol reduction. Actual results may differ materially as MACE was evaluated in BROADWAY as an exploratory endpoint. This is not a head-to-head analysis

Source: 1. JAMA. 2016;316(12):1289-1297 2. European Heart Journal (2018)39,2540–2545

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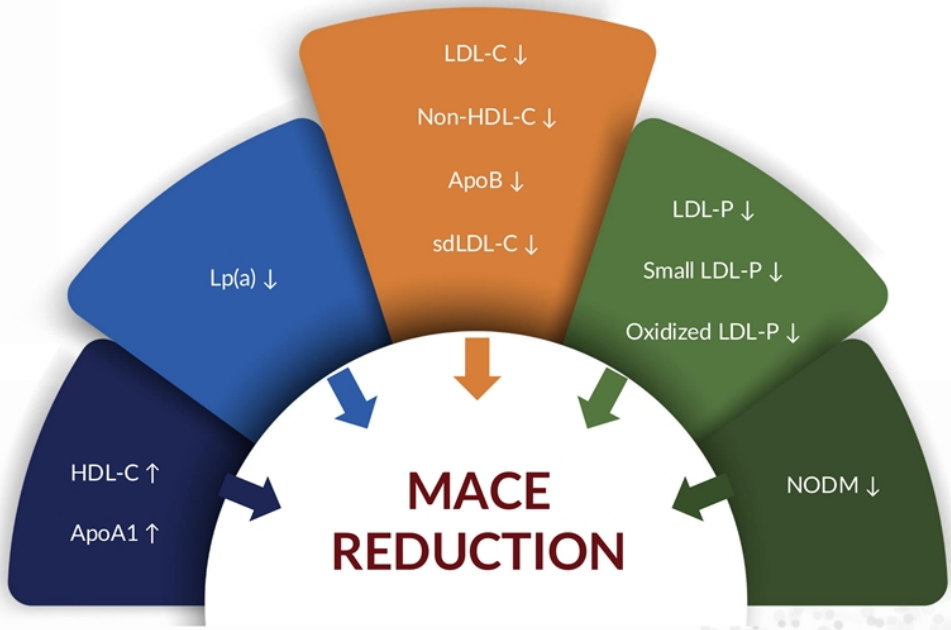
Obicetrapib Observed to Impact Multiple Factors Believed to be Associated with MACE



Note: NODM = New onset diabetes mellitus

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BROADWAY

Overview of Events of Special Interest

	Placebo N= 843 n (%)	Obicetrapib N= 1685 n (%)	
AST or ALT > 3 x ULN	8 (0.9)	10 (0.6)	
Bilirubin > 2 x ULN	4 (0.5)	2 (0.1)	
CK > 5 x ULN	3 (0.4)	5 (0.3)	
NODM or worsening of glycemic control	338 (40.1)	592 (35.1)	(p = 0.015)
- AE indicating new/worse type 1 or 2 diabetes	30 (3.6)	58 (3.4)	
- Initiation of diabetes medication	104 (12.3)	186 (11.0)	
- HbA1c ≥ 6.5% (where baseline HbA1c < 6.5%)	55 (6.5)	84 (5.0)	
- Two consecutive glucose values > 126 mg/dL	248 (29.4)	459 (27.2)	
- HbA1c increase from baseline >0.5%	133 (15.8)	234 (13.9)	
- Worsening glycemic control	199 (23.6)	350 (20.8)	
Renal function worsening	77 (9.1)	127 (7.5)	
- eGFR < 30 mL/min/1.73m2	13 (1.5)	13 (0.8)	
- 25% decrease in eGFR from baseline:	70 (8.3)	115 (6.8)	
- Increase of Serum Creatinine ≥ 0.3 mg/dL from baseline	61 (7.2)	91 (5.4)	
Macular degeneration	0 (0.0)	1 (0.1)	

Multiple Positive Data Readouts Provide Momentum into Next 12 Months

Note: Other than as noted, the pipeline represents trials that are currently ongoing. Projections are subject to inherent limitations. Actual results may differ from expectations.

Study Design and Baseline Characteristics of Phase 3 Trials

BROOKLYN

1º endpoint – week 12 | N = 354

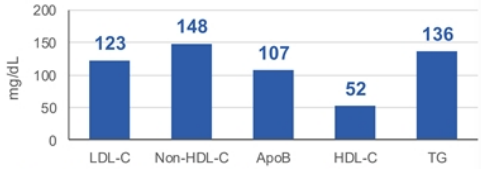
- Obicetrapib 10 mg (2:1 randomization)
- Placebo

13-months

Key Inclusion Criteria

- HeFH
- LDL-C ≥70 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (obicetrapib 10mg mean)



Baseline Lipid Modifying Therapy

- Any statin 89%
- High intensity statin: 79%
- Ezetimibe: 54%
- PCSK9i 14%
- Other 8%

BROADWAY

1º endpoint – week 12 | N = 2530

- Obicetrapib 10 mg (2:1 randomization)
- Placebo

13-months

Key Inclusion Criteria

- ASCVD or HeFH
- LDL-C ≥55 mg/dL w/risk factors, or
- LDL-C≥ 100 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (blinded mean)

Baseline Lipid Modifying Therapy

- Any statin 91%
- High intensity statin: 65%
- Ezetimibe: 26%
- PCSK9i 4%
- Other 11%

PREVAIL

LDL-C endpoint | N = 9541

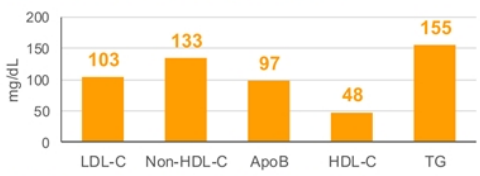
- Obicetrapib 10 mg (1:1 randomization)
- Placebo

54-months

Key Inclusion Criteria

- ASCVD
- LDL-C ≥55 mg/dL w/risk factors, or
- LDL-C≥ 100 mg/dL
- Maximally tolerated lipid lowering therapy

Baseline Lipids (blinded mean)



Baseline Lipid Modifying Therapy

- Any statin >90%
- High intensity statin: 70%
- Ezetimibe: 23%

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PREVAIL Designed to Apply Lessons Learned from Previous CVOTs to Reduce Risk and Demonstrate Obicetrapib's Full Benefit

Greater LDL-C lowering activity anticipated Targeting higher baseline LDL-C patients	Higher *absolute* LDL-C reduction expected to lead to greater MACE benefit
Longer duration of follow up Targeting higher-risk patient population	Maximizes opportunity for MACE reduction
Differentiated secondary endpoints	Potentially enhanced commercial profile vs. other LDL-C lowering agents

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2024 Achievements Pave the Way for Potential 2025 Value Inflection Milestones

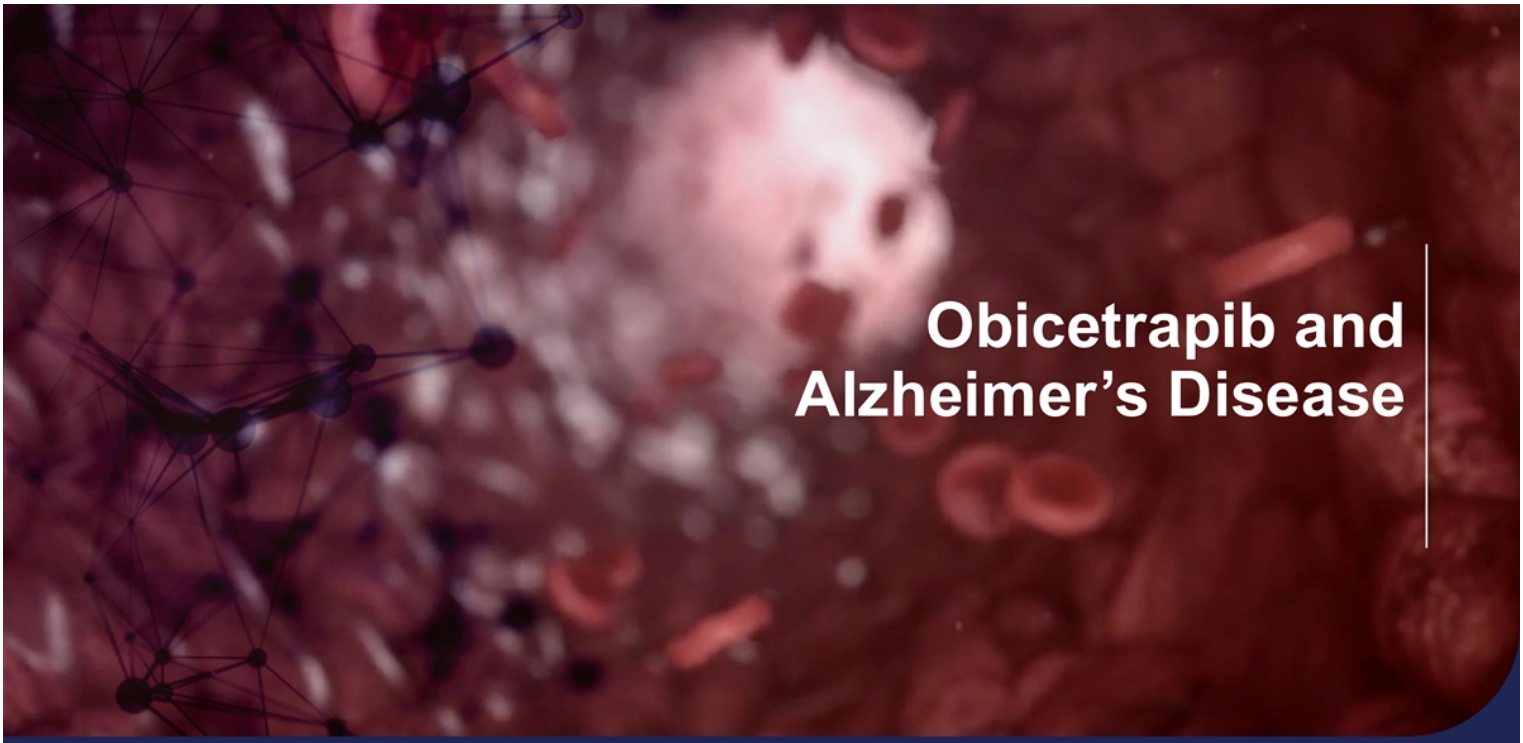
2024

1Q 2024		3Q 2024	4Q 2024		
Complete enrollment for PREVAIL CVOT	Initiate TANDEM Phase 3 trial	BROOKLYN Phase 3 topline	BROADWAY Phase 3 topline	TANDEM Phase 3 topline	BROADWAY Phase 3 topline

2025

1H 2025		2H 2025	
BROADWAY full data presentation and publication	TANDEM full data presentation and publication	EMA regulatory submission	VINCENT Phase 2 topline

Note: Projections are subject to inherent limitations. Actual results may differ from expectations. The timing of regulatory submissions is subject to additional discussions with regulators.



Obicetrapib and Alzheimer's Disease

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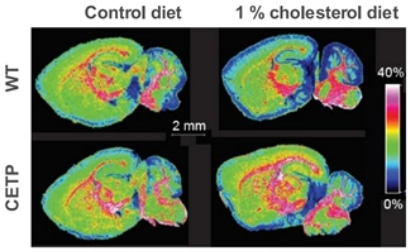
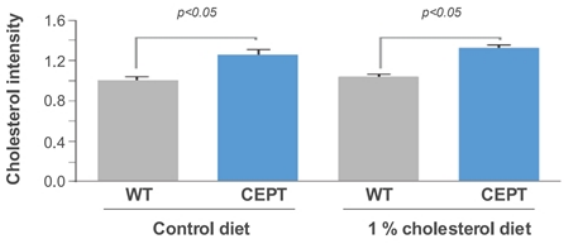
CETP Knock-in Mice Observed to Increase Brain Cholesterol Levels and CETPi Observed to Rescue Cognition in Preclinical Models of CETP-induced AD

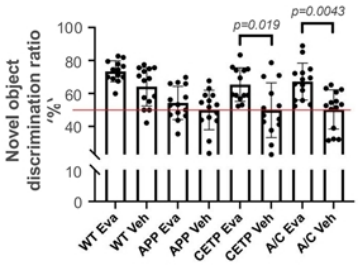
- Source: Felix Oestereich, et al., The Cholesteryl Ester Transfer Protein (CETP) raises Cholesterol Levels in the Brain and affects Presenilin-mediated Gene Regulation, Journal of Lipid Research, vol. 63, no.9, 2022.

CETPi observed to increase brain cholesterol levels



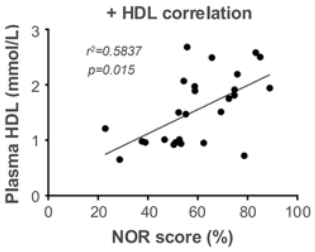


Improvement in NOR scores observed with CETPi (Evacetrapib)

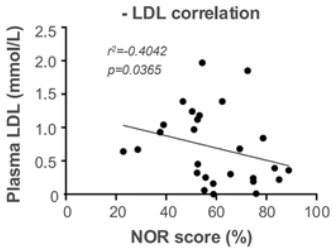


- Scores below the red line (50%) indicate cognitive impairment
- Evacetrapib had no observed effect on impairment in APP tg
- Evacetrapib observed to inhibit memory impairment in CETPtg & APP/CETPtg

Correlation observed between plasma lipoproteins and NOR score



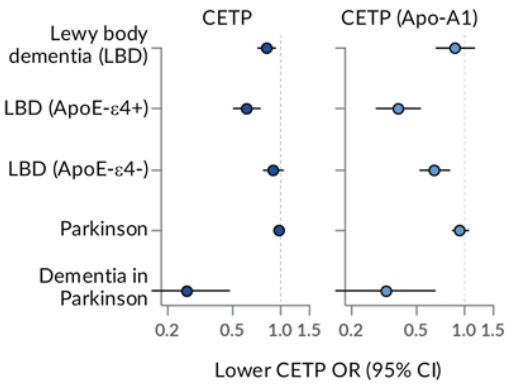
Positive correlation observed between NOR score and HDL quantification in CETP and APP/CETP expressing female mice

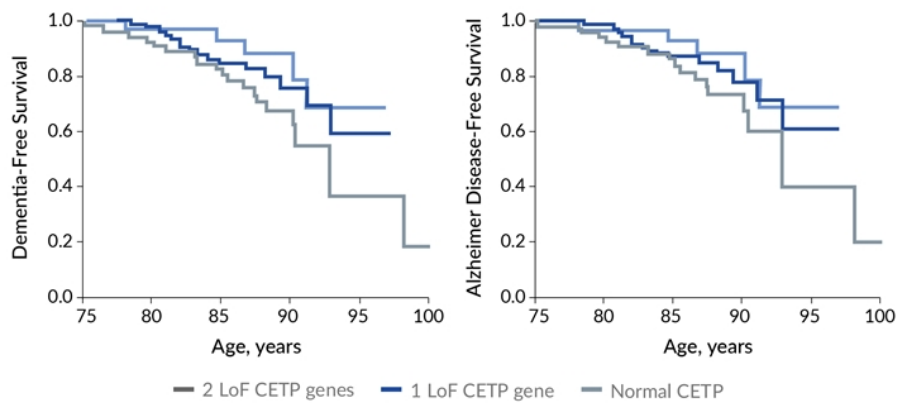


Negative correlation observed between NOR score and LDL quantification CETP and APP/CETP expressing female mice

CETP Loss-of-Function (LoF) Genotype may be Associated with Slower Memory Decline and Lower AD Risk

- CETP's potential involvement in CNS cholesterol homeostasis is supported by genetic data
- CETP LoF genotype may be associated with lower CETP activity & a corresponding increase in HDL levels

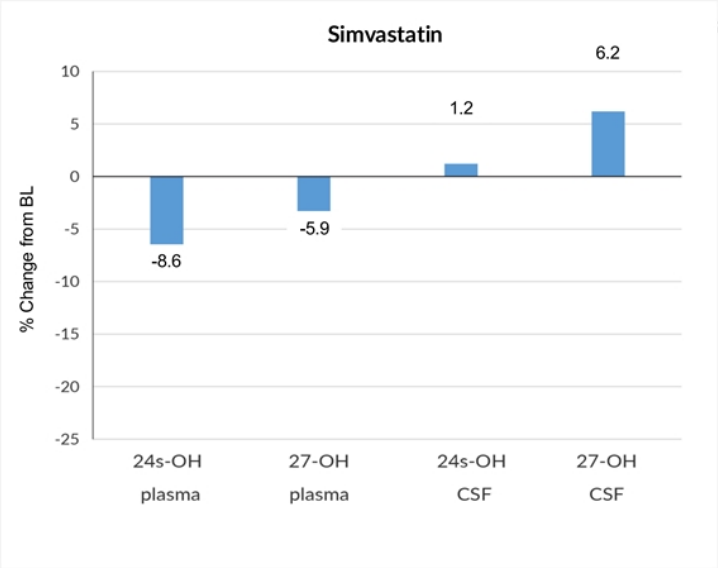


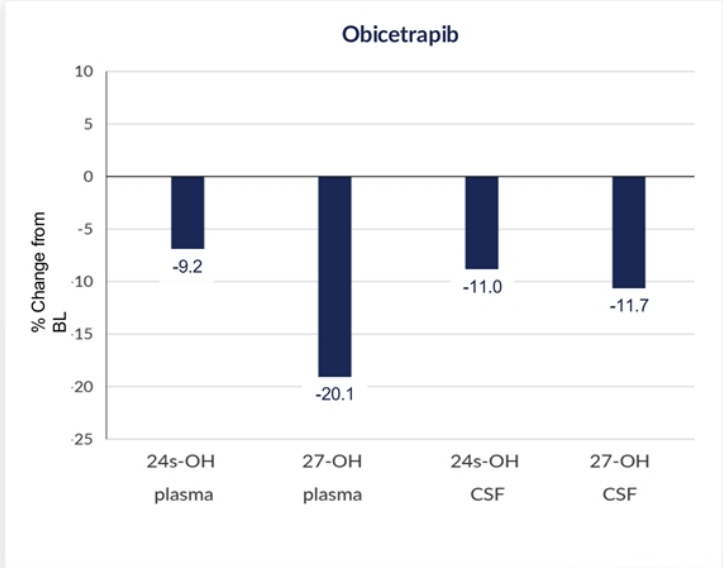


29 Source: JAMA, January 13, 2010—Vol 303, No. 2

Initial Data for Obicetrapib 10mg Observed to Decrease 24s- & 27-hydroxycholesterol ("OH") in both Plasma and Cerebrospinal Fluid ("CSF")

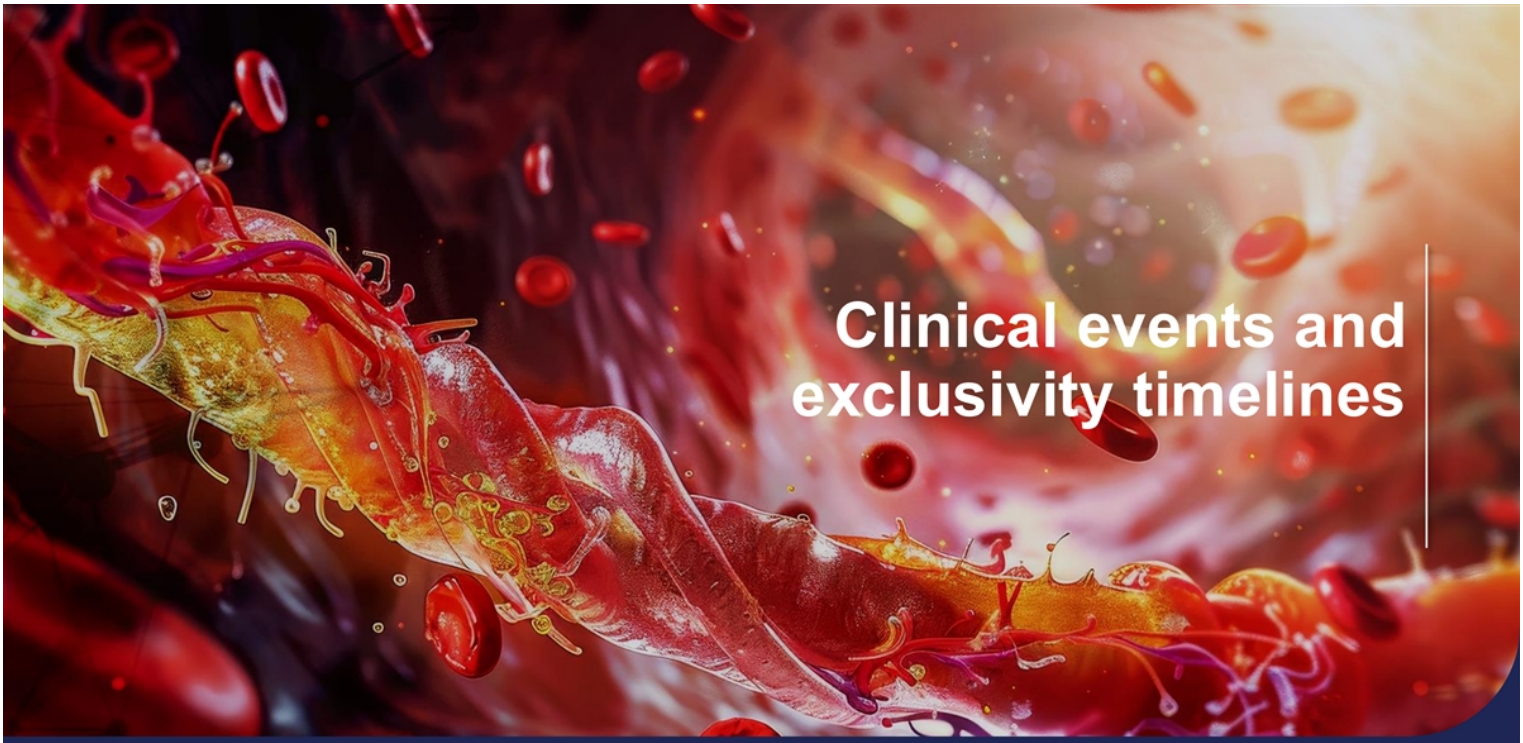
- In separate trials with different protocols and endpoints, Simvastatin was observed to only reduce 24s- and 27-OH in plasma





Source: Alzheimer Dis Assoc Disord. 2010; 24(3): 220–226 and Company data
Note: The results shown above do not represent head-to-head comparisons. The data was obtained from clinical trials with different objectives, designs and patients. Actual results may differ from expectations.

30



Clinical events and exclusivity timelines

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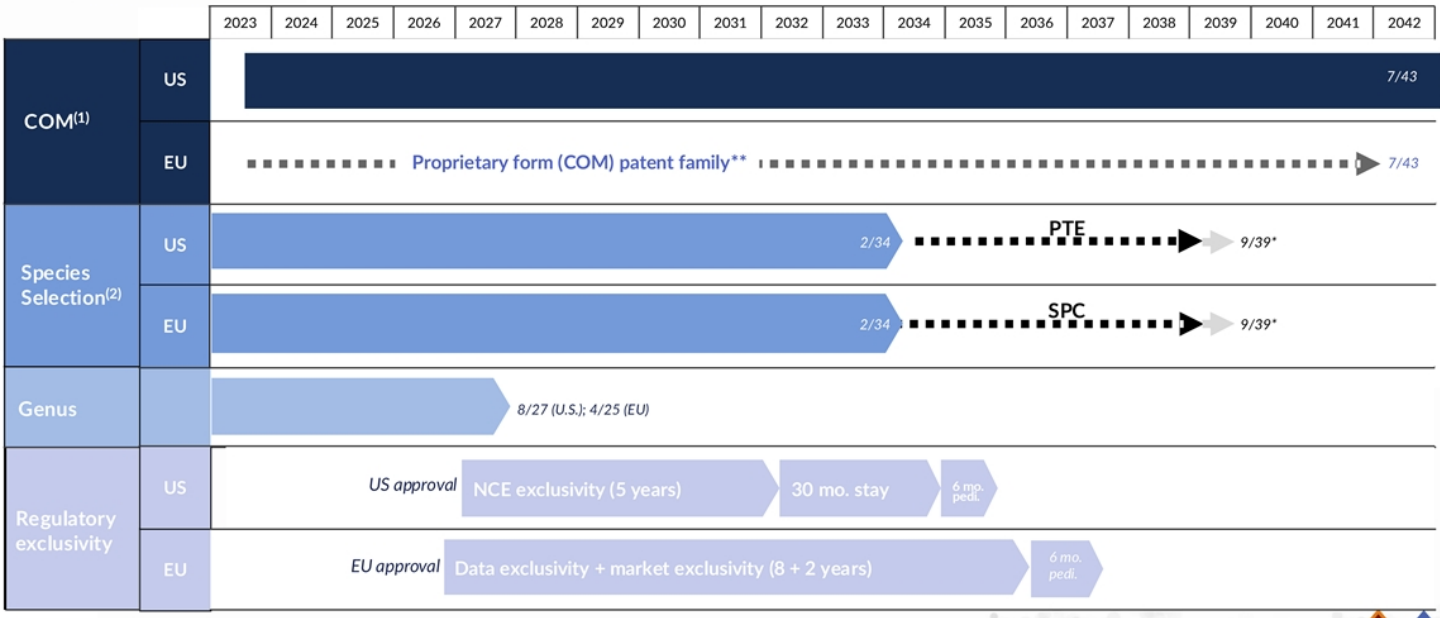
Comprehensive Patent Portfolio with Composition of Matter IP into 2043



Note: Regulatory exclusivity dates for information purposes only, Filled colors = granted patents & dotted lines = pending patents; one patent only to be selected for SPC/PTE; an earlier US approval leads to earlier regulatory expiry & shorter PTE; *including pediatric extension 6m; ** will be pending once a PCT application is filed; actual results may differ from expectations. 1. US 12,006,305 2. Low dose/ species selection patents US 10,653,692, US 11,013,742, US 11,642,344; statin combo patent US 10,300,059

NewAmsterdam Pharma

Growing Team of Cardiometabolic Experts with Deep Experience Across Clinical Development and Commercialization

Michael Davidson, M.D.
CEO

John Kastelein, M.D.
CSO

Douglas Kling
COO

William 'BJ' Jones
CCO

Ian Somaiya
CFO

Louise Kooij
CAO

Juliette Audet
CBO

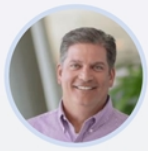
Sheng Cui
CMO

Marc Ditmarsch, M.D.
CDO

Bob Rambo
EVP, Marketing

Annie Neild
EVP, Head of Global Regulatory Affairs

Matthew Philippe
EVP, Head of Investor Relations



Chris Deluzio
EVP, Enterprise Operations

NewAmsterdam Pharma

NewAmsterdam Pharma