FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington.	DC	20549	

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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* Kastelein Johannes Jacob Pieter				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)						
Kastele	<u>an Johani</u>	ies Jacob Piei	<u>ter</u>		-	C 1112	<u> </u>	- COLLIE	1 Hallin	<u> </u>	/ 1 (, 	. 1 17 11 11		X Directo	r		10% Ow	ner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)						X Officer below)	(give title		Other (spelow)	pecify		
C/O NEV	VAMSTER	DAM PHARMA	A COMPAN	١Y	101	01/01/2024								Cl	Chief Scientific Officer			
N.V.					4	If Ame	andment [Date (of Original	Filed	(Month/Da	v/Vear)	6.1	ndividual or J	oint/Group	Filing	(Check Ann	licable
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					_									X Form fi	led by One	e Repo	rting Person	
(Street)	EN P'	7	1411 DC											Form fi Person		re than	One Report	ing
					_ R	lule	10b5-1	1(c)	Trans	acti	on Indi	ication))					
(City)	(S	tate)	(Zip)		- 1.			. (=)					-					
(,)	(-	,	(IГ				cate that a t					contract, instruction or written plan that is intended to satisfy				
							amminutive c	2010110	e conditions	01110		5). OCC 1110	ruction 10:					
		Та	ble I - Nor	า-Der	ivativ	∕e Se	curities	s Ac	quired,	Dis	oosed o	f, or B	eneficiall	y Owned				
1. Title of S	Security (Inst	r. 3)			nsactio	n	2A. Deeme			3. 4. Securiti		ities Acquired (A) or		5. Amount of				. Nature of
	Da (M.				Month/Day/Year)		Execution Date if any (Month/Day/Yea		Code (Ins		Disposed	d Of (D) (Instr. 3, 4		Beneficia	cially	(D) or	(D) or Indirect	Indirect Beneficial
				r) 8)									Owned Fe	ı " ''`	(l) (ln:		Ownership (Instr. 4)	
										v	Amount	(A) or (D) Pri		Transaction(s) (Instr. 3 and 4)				
			Table II -	Deriv	ative	Sec	urities	Aca	uired, D	ispo	sed of.	or Be	neficially	Owned				
									, option									
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2.		ate,	4. Transaction Code (Instr. 8)		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)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	or Date Expiration Numbe						Amount or Number of Shares		(Instr. 4)									
Option (right to buy)	\$11.17	01/01/2024			A		500,000		(1)	0	1/01/2034	Ordinary Shares	500,000	\$0.00	500,00	00	D	

Explanation of Responses:

1. 25% of the shares underlying the option will vest on January 1, 2025, 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 Johannes Jacob

01/03/2024

Pieter Kastelein

** 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.