## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	Washington D.C. 20549	

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

Instruct		•			12.1	20116-	Nama	d Tiel:	or or Tradi	ina C	umbal		1,-	lalationahi	of Donortics	. Doroc-	(a) to learn		
Name and Address of Reporting Person*     Smither John W					2. Issuer Name and Ticker or Trading Symbol NewAmsterdam Pharma Co N.V. [ NAMS ]								] (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O NEWAMSTERDAM PHARMA COMPANY N.V.					3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025										(give title		Other (sp below)		
GOOIMEER 2-35					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NAARDEN P7 1411 DC														Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate)	(Zip)																
		Tab	le I - Non-	-Deriv	ative	e Se	curities	s Acc	quired,	Dis	osed o	f, or Be	neficial	ly Owned	ı				
Date				Date			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	urities Acquired (A sed Of (D) (Instr. 3,		Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
									Code	v	Amount	(A) o (D)	r Price	Transact (Instr. 3	tion(s)			(Instr. 4)	
Ordinary Shares 01/07/						/2025		A		6,960 <sup>(1)</sup> A		(2)	6,	6,960		)			
		٦	Fable II - D								sed 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	ate, T	Code (Instr		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly OF	0. Ownership orm: Direct (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)		Date Exercisab		expiration Date	Title	Amount or Number of Shares						
Option (right to buy)	\$25.85	01/06/2025 A			32,500		(3)	(3) 01/06/2035		Ordinary Shares	32,500	\$0	32,500		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 John W. Smither

01/08/2025

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.