FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

STATEMENT	OF CHANG	ES IN BENE	FICIAL OW	NERSHIP

OMB APP	ROVAL								
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* Klass Institute D.					2. Issuer Name and Ticker or Trading Symbol Amylyx Pharmaceuticals, Inc. [AMLX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Klee Justin B.						<u> </u>	1 114		cca	trouis.	<u>, mo.</u> [11		'	X	Direc	tor		10% Ov	vner
(Last)	(Fii	rst) (N	Middl	(e)	3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024									X	Office below	er (give title v)		Other (s below)	specify
C/O AMYLYX PHARMACEUTICALS, INC.					01/0	19/202	4								Co-	-Chief Exe	ecutiv	e Officer	
43 THORNDIKE STREET				4. If /	Amend	ment, I	Date o	of Ori	ginal File	ed (Month/D	ay/Yea		Indiv	idual o	Joint/Group	o Filing	g (Check Ap	oplicable	
(Stroot)													X Form filed by One Reporting Person					on	
(Street) CAMBRIDGE MA 02141						Form filed by More than One Reporting Person									orting				
(City)	(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication																		
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								nded to					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			Execution Da		n Date, Tr				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5)	Securi Benefi Owner	Securities Beneficially Owned Following		: Direct	7. Nature of Indirect Beneficial Ownership		
							С	ode	V A	mount	(A) or (D)	Price		Reported (Instr. 3 and 4)		(Instr.	(. 4)	(Instr. 4)	
Common Stock 01/09/202			4	s ⁽¹⁾ 5,841 ⁽¹⁾ D \$16.3281 ⁽²⁾ 2,83					36,776		D								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	its, ca	alis, v	varra	ınts,	opt	tions,	converti	ble se	curities	5)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed scution Date, ny onth/Day/Year)	4. Transa Code (8)		of Ex			Expiration Date (Month/Day/Year)			le and unt of rities rlying rative rity (Instr. i 4)	8. Pric Deriva Securi (Instr.		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ode V (A) (D)			Date D) Exercisal		Expiration Date	ation Title Share							

Explanation of Responses:

- 1. Represents shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. Such sales were automatic and not at the discretion of the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$16.18 to \$16.70. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.

/s/ Joshua B. Cohen, as Attorney in Fact 01/11/2024

** 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.