SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.C. 20549																ОМВ	APPROV	/AL	
Section obligati	this box if no lo 16. Form 4 or ons may contin tion 1(b).	ed pur	A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
transac contrac the pur securiti to satis	chase or sale or es of the issue fy the affirmativ ons of Rule 10b	pursuant to a written plan for f equity that is intended e defense																		
1 Name ar	nd Address of	Reporting Person*	2.1	2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer						
1. Name and Address of Reporting Person [*] Klee Justin B.						<u>Amylyx Pharmaceuticals, Inc.</u> [AMLX]										(Check all applicable)				
11100 30	<u>istiir D.</u>													 Directo Officer bolowi 		10% Own				
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										(give title	below)		becity
C/O AM	YLYX PHA	RMACEUTICA	ALS, INC.		11/04/2024											Co-Chief Executive Officer				
43 THO																				
		4.1	f Ame	ndme	nt, Date	of Origii	inal Fil	ed (Month/Da		6. Individual or Joint/Group Filing (Check Applicable									
(Street) CAMBRIDGE MA 02141												Line		led by One	Renc	rtina Person				
CAMBR	IDGE M												Form filed by More than One Reporting							
(City)	(S	ate)	(Zip)													Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/D						ear)	Execu if any	A. Deemed xecution Date, any Month/Day/Yea		Code (Ins		on Disposed Of		ies Acquired (A) c Of (D) (Instr. 3, 4		Beneficia Owned F	s ally ollowing	Form (D) o	: Direct c r Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership
									Co	de V	,	Amount		(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 			(Instr. 4)
Common Stock 11/					4/2024				Ν	И		63,69	63,690 A S		\$1.5	7 3,184,259			D	
		-	Fable II - I	Deriva	tive	Seci	uritie	es Acq	uired	l, Dis	ро	sed of,	or E	Bene	ficially	Owned			<u> </u>	
			(e.g., p	outs,	calls	s, wa	arrants	s, opti	ions,	, co	onvertil	ble s	secu	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,		ransaction ode (Instr.				6. Date Exercisat Expiration Date (Month/Day/Year)			of Securities		es Security d 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable		cpiration ate	Title		Amount or Number of Shares					
Stock Option (right to buy)	\$1.57	11/04/2024			м			63,690	(1	1)	02	2/26/2025	Com Sto		63,690	\$ 0	36,310	0	D	
Explanatio	n of Respons	es:									_									

1. This option is fully vested and exercisable.

/s/ Joshua B. Cohen, as Attorney in Fact

11/06/2024

** 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.