FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington.	D.C. 20	549	

**OMB APPROVAL** 

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			
	Estimated average bure	den			
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5			
or Section 30(h) of the Investment Company Act of 1940					

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1. Name and Address of Reporting Person* FRATES JAMES M				2. Issuer Name and Ticker or Trading Symbol Amylyx Pharmaceuticals, Inc. [ AMLX ]							Check	all app	licable)	ng Pe	erson(s) to Is 10% O	ner		
	,	ARMACEUTICA	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/12/2024							Officer (give title Other (specify below)  Chief Financial Officer						
(Street) CAMBR (City)	IDGE M		2141 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							ine)	<u>'</u>				
		Table	I - No	on-Deriva	tive	Secu	rities Ad	cquii	red, D	isposed o	f, or E	Senefic	ially	Own	ed			
1. Title of Security (Instr. 3)		2. Transactio	. Transaction 2A. I Execute 2A		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securi		s Acquired (A) or of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	e V	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(mau. 4)	
Common Stock 09/12/2			09/12/202	24	4		P		40,000	A	\$2.53	42 <sup>(1)</sup>	233,464		D			
Common Stock													1:	5,459		I	By Trust <sup>(2)</sup>	
Common Stock													1	1,072		I	By Trust <sup>(3)</sup>	
		Tal	ole II							posed of, , convertik				Owne	d			
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		ıtion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	e (M	Date Exe piration onth/Day		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	Deri Sec (Ins	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Da Ex	ite ercisabl	Expiration e Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$2.4849 to \$2.63. Full information regarding the number of shares purchased at each separate price can be furnished to the SEC staff upon request.
- 2. Shares held by the James M. Frates 2024 Grantor Retained Annuity Trust No. 1, for which the Reporting Person serves as trustee and is the sole annuitant. The Reporting Person disclaims beneficial ownership of such shares for purposes of Section 16 except to the extent of his pecuniary interest therein, if any, and this report shall not be deemed an admission that such shares are beneficially owned by him for Section 16 or any other purpose.
- 3. Shares held by the FRATES FAMILY 2013 IRREV TRUST, for which the Reporting Person serves as trustee. The Reporting Person disclaims beneficial ownership of such shares for purposes of Section 16 except to the extent of his pecuniary interest therein, if any, and this report shall not be deemed an admission that such shares are beneficially owned by him for Section 16 or any other purpose.

/s/ Joshua B. Cohen, as 09/16/2024 Attorney in Fact

\*\* Signature of Reporting Person Date

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.