	FORM	4	UNITE	D STA	<b>\TE</b>	S S	ECUR	ITI	ES AND	) E	ХСНА	NG	E CO	OMMIS	SSION					
							V	ington, D.C.	205	49				OMB APPROVA						
Section 16. Form 4 or Form 5 obligations may continue. See				ed pu	ANT OF CHANGES IN BENEFICIAL OWNE ad pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									HIP	Estima	Numbe ated av per res	erage burder	3235-0287 1 0.5		
1. Name and Address of Reporting Person <sup>*</sup> <u>Mazzariello Gina</u> (Last) (First) (Middle) C/O AMYLYX PHARMACEUTICALS, INC.					<u>A</u> 3.	2. Issuer Name and Ticker or Trading Symbol <u>Amylyx Pharmaceuticals, Inc.</u> [ AMLX ]     3. Date of Earliest Transaction (Month/Day/Year)     02/22/2022									elationship of Reporting Person(s) to Issuer eck all applicable) Director 10% Owner X Officer (give title Other (speci below) Chief Legal Officer			vner		
43 THORNDIKE STREET						A If Amondment Date of Original Filed (Menth/Dec <sup>an</sup> /sec)									lividual or Joint/Group Filing (Check Applicabl			licoblo		
(Street) CAMBRIDGE MA 0214					- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							)	Line						
(City) (State) (Zip)																				
Table I - Non-Deriv           1. Title of Security (Instr. 3)         2. Transa Date (Month/L)					nsaction		2A. Deemed Execution Date if any (Month/Day/Yea		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	or 5. Amount		Form	: Direct Indirect	7. Nature of Indirect Beneficial Ownership	
						ľ				v	Amount	t (A) or (D)		Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock 02/22				2/20	/2022			Α		41,000 <sup>(1)</sup>		А	\$0.00	) 41,000			D			
			Table II -	Deriva (e.g., p	ative outs	e Sec 5, cal	urities Is, warr	Acq ants	uired, Di s, options	spo s, c	osed of, converti	, or E ble s	Benef ecur	icially ( ities)	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 D if any (Month/Day/	ate, T	4. Transactio Code (Instr		5. Number of Derivative		6. Date Exercisa Expiration Date (Month/Day/Year		able and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Amount s ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported	e s dly g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title		Amount or Number of Shares		Transacti (Instr. 4)	ion(s)			
Stock Option	\$28.24	02/22/2022			A		182,000		(2)	0	02/22/2032	Com		182,000	\$0.00	182,00	00	D		

## Explanation of Responses:

1. The reported transaction involves the Reporting Person's receipt of a restricted stock unit award (a "RSU"). The RSU shall vest in 4 equal annual installments, with the first installment vesting on the one year anniversary of the date of grant, subject to the Reporting Person's continued service to the Issuer through such vesting date.

2. 1/4 of the shares subject to the option shall vest and become exercisable on the one year anniversary of the date of grant, and the remaining shares shall vest 1/48 monthly over the 36 months thereafter, subject to the Reporting Person's continuous service to the Issuer through such vesting date.

## **Remarks:**

buy)

SEC Form 4

## <u>/s/ Joshua B. Cohen, as</u> <u>Attorney in Fact</u>

Date

02/28/2022

\*\* Signature of Reporting Person D

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.