FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549	
vvasilington,	D.O.	20070	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	ourden								
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(b) of the Investment Company Act of 1940

Name and Address of Reporting Person* Mazzariello Gina						2. Issuer Name and Ticker or Trading Symbol Amylyx Pharmaceuticals, Inc. [AMLX]								ck all applica	tionship of Reporting Pe all applicable) Director		on(s) to Issu		
(Last)	,	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/16/2024						X	below)	Officer (give title below) Chief Leg		Other (s below)	pecify		
C/O AMYLYX PHARMACEUTICALS, INC. 43 THORNDIKE STREET					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	IDGE N	ИΑ	02141										X		ed by Mor	One Reporting Person More than One Reporting			
(City)	(\$	State)	(Zip)		R	7 Che	eck this box	to indi	cate that a t	transa	ion Ind action was mule 10b5-1(d	ade pursi	uant to	a contrac	t, instruction	or written p	lan that	t is intended t	o satisfy
		Та	ble I - Nor	n-Deri\	vativ	ve Se	ecurities	s Ac	quired,	Dis	posed o	f, or B	ene	ficially	Owned				
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and			5. Amoun Securities Beneficia Owned Fo	s Form Illy (D) o ollowing (I) (In		: Direct I r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A)	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 04/3					6/202	5/2024		A		80,560)(1)	A	\$0.00	161,932			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Da	Pate, Transactio Code (Insti			n Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu	nount ımber Shares		(Instr. 4)	(S)		
Stock Option (right to	\$2.01	04/16/2024			A		110,000		(2)	(04/15/2034	Commo Stock	n 11	10,000	\$0.00	110,00	00	D	

Explanation of Responses:

- 1. The reported transaction involves the Reporting Person's receipt of a restricted stock unit ("RSU") award. The RSUs shall vest as follows: 33% on September 30, 2024, 33% on March 31, 2025 and 34% on September 30, 2025, subject to the Reporting Person's continued service to the Issuer through each such vesting date.
- 2. 25% of the shares subject to the option shall vest and become exercisable on April 16, 2025, and the remaining shares shall vest monthly over the remaining 36 months, subject to the Reporting Person's continuous service to the Issuer through each such vesting date.

/s/ Joshua B. Cohen, as 04/18/2024 Attorney in Fact

** Signature of Reporting Person Date

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

- * 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.