FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average	burden							
hours per response	e: 0.5							

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person* Cohen Joshua B		2. Issuer Name and Ticker or Trading Symbol Amylyx Pharmaceuticals, Inc. [AMLX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Conen Joshua B				J_J_						-	'	1	Director			10% Ov	vner		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)							_	√	Officer (give title below)			Other (s below)	specify		
C/O AMYLYX PHARMACEUTICALS, INC.		01/06/2025								Co-Chief Executive Officer									
43 THORNDIKE STREET																			
					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable							oplicable							
(Street)	IDCE M		21.41											Line) Form filed by One Reporting Person					
CAMBR	IDGE MA	A 0	2141												Form filed by More than One Reporting				
(City)	(Sta	ate) (2	Zip)												Perso	on			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			Execution Date,		е,			4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Secur Benef		rities For ficially (D) od Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			,		
Common Stock 01/06/202			25	s ⁽¹⁾ 7,471 ⁽¹⁾ D \$4.0466 ⁽²⁾ 3,213,09		13,098		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)	Exec	Deemed cution Date, y nth/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	rice of ivative urity etr. 5)	ative derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date	e rcisable	Expiration Date	Title	Amount or Number of Shares						

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 \$3.99 to \$4.09. 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

01/08/2025

** 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.