FUND LTD

(First) C/O PERCEPTIVE ADVISORS LLC

(Last)

(Middle)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

Footnotes(1)(2)

11. Nature

of Indirect Beneficial Ownership (Instr. 4)

	ons may contir ion 1(b).	ue. See		Fil							urities Exchan Company Act		f 1934		L	hours per	response	e: 0
1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC					2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify below) No longer a 10% Owner.					
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 08/25/2016												
(Street) NEW YORK NY 10003				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Person Description					
(City) (State) (Zip)													A Person					
		Tab	le I -			_		_		ed, [Disposed o							
Da			2. Transacti Date (Month/Day		Execu if any	Deemed oution Date, y oth/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								_	Code	V	Amount	(A) or (D)	Price	Transaction (Instr. 3 an				
Common Stock 08/25			08/25/20	2016				S		1,100,000	D	\$6.8	1 14,139	14,139,444 I		I	See Footnotes ⁽¹⁾	
		Ta	able I								sposed of, , convertib							
1. Title of Derivative Security (Instr. 3) Conversi or Exerci Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date,	4. Trans	saction e (Instr.	5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. ; and 5)	iber tive ties ed	6. Date Exc Expiration (Month/Da		ercisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4	ive ies cially ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	(D) Benefici Ownersl rect (Instr. 4)
					Code	e V	(A)	(D)	Date Exer	cisabl	Expiration e Date	Title	Amount or Number of Shares					
		Reporting Person* ADVISORS L	<u>.LC</u>															
(Last) 51 ASTO		(First) 10TH FLOOR	((Middle)														
(Street) NEW YO	ORK	NY		10003														
(City)		(State)	((Zip)														
	nd Address of	Reporting Person*																
		(First) ADVISORS LL , 10TH FLOOR		(Middle)														
(Street) NEW YO	ORK	NY	-	10003														
(City)		(State)	((Zip)														
		Reporting Person*	EES 1	MASTEI	R													

51 ASTOR PLACE, 10TH FLOOR							
(Street) NEW YORK	NY	10003					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. This Form 4 is being filed by Perceptive Life Science Master Fund Ltd. (the "Master Fund"), Perceptive Advisors LLC (the "Advisor") and Joseph Edelman. The Advisor serves as the investment manager of Master Fund and to a managed account (the "Managed Account") for Titan Perc, Ltd. Mr. Edelman is the managing member of the Advisor.
- 2. This amount reflects the amount of securities held by the Advisor immediately following the transaction requiring the filing of this statement. In accordance with Instruction 5(b)(iv) of Form 4, the entire amount of the Issuer's securities held by Master Fund is reported herein. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

/s/ Joseph Edelman, managing member of Perceptive Advisors 08/26/2016

LLC

** Signature of Reporting Person Date

Doto

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.

Information Regarding Joint Filers

Designated Filer of Form 4: Perceptive Advisors LLC

Date of Earliest Transaction Required to be Reported: August 25, 2016

Issuer Name and Ticker Symbol: Amicus Therapeutics, Inc. [FOLD]

Names: Perceptive Life Sciences Master Fund Ltd. and Joseph Edelman

Address: Perceptive Advisors LLC

51 Astor Place, 10th Floor New York, NY 10003

Signatures:

The undersigned, Perceptive Life Sciences Master Fund Ltd. and Joseph Edelman, are jointly filing the attached Statement of Changes in Beneficial Ownership of Securities on Form 4 with Perceptive Advisors LLC with respect to the beneficial ownership of securities of Amicus Therapeutics, Inc.

PERCEPTIVE LIFE SCIENCES MASTER FUND LTD.

By: Perceptive Advisors LLC, its investment manager

By: /s/ Joseph Edelman

Joseph Edelman, managing member

JOSEPH EDELMAN

By: <u>/s/ Joseph Edelman</u> Joseph Edelman