

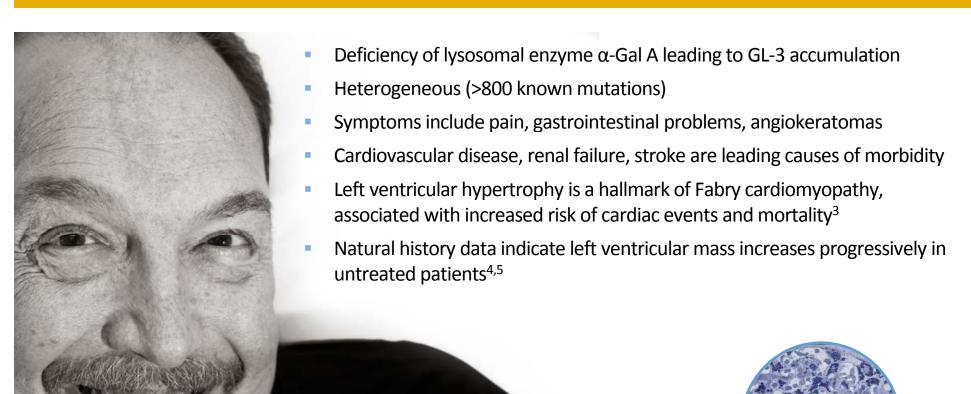
Safe Harbor

This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to business, operations and financial conditions of Amicus including but not limited to preclinical and clinical development of Amicus' candidate drug products, cash runway, and the timing and reporting of results from clinical trials evaluating Amicus' candidate drug products. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "plan," "would," "should" and "could," and similar expressions or words, identify forward-looking statements. Although Amicus believes the expectations reflected in such forward-looking statements are based upon reasonable assumptions, there can be no assurance that its expectations will be realized. Actual results could differ materially from those projected in Amicus' forwardlooking statements due to numerous known and unknown risks and uncertainties, including the "Risk Factors" described in our Annual Report on Form 10-K for the year ended December 31, 2013. All forward-looking statements are qualified in their entirety by this cautionary statement, and Amicus undertakes no obligation to revise or update this presentation to reflect events or circumstances after the date hereof.



Fabry Disease Overview

Cardiovascular Disease Recognized as Leading Cause of Death in Fabry Patients^{1,2}



Cardiac Data (LVMi): Phase 3 Study 012

Migalastat Previously Demonstrated Statistically Significant Decrease in LV Mass Index (LVMi) in Subjects Switched from ERT

Left Ventricular Mass Index (LVMi) (g/m²)* in Phase 3 Study 012 Change from Baseline to Month 18					
	Migalastat Baseline Mean (% abnormal) n=33	Migalastat Change from Baseline to M18 (mean, 95%CI) n=31	ERT Baseline Mean (% abnormal) n=16	ERT Change from Baseline to M18 (mean, 95%CI) n=13	
Study 012 (Month 18)	95.3 (39%)	-6.6 (-11.0, -2.1)***	92.9 (31%)	-2.0 (-11.0, +7.0)	



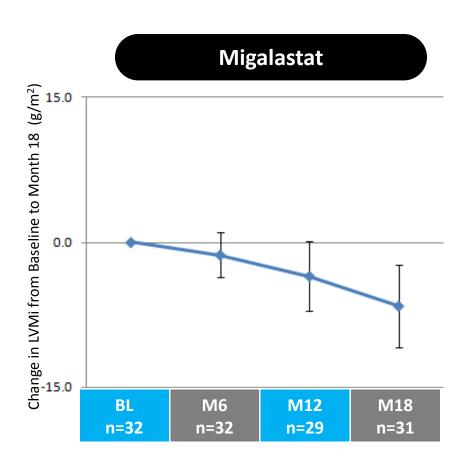
^{*}Read in blinded manner in centralized lab every 6 months. Normal LVMI: 43-95 (female), 49-115 (male)

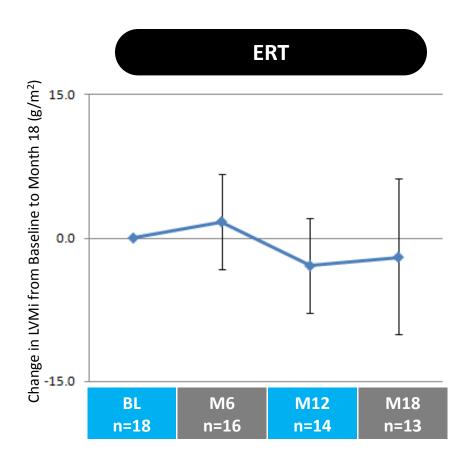
^{**}mITT population

^{***}Statistically significant (95% CI does not overlap zero)

Cardiac Data (LVMi): Phase 3 Study 012

Reductions in LVMi Observed in Patients Switched from ERT Through Month 18 *







(NEW Data)

Cardiac Data (LVMi): Phase 3 Study 011+041

Migalastat Now Shows Statistically Significant Reduction in LVMi in Previously Untreated Patients

Left Ventricular Mass Index (LVMi) (g/m²)* Change from Baseline to Last Available Time Point				
	Migalastat Baseline Mean (% abnormal) n=42	Migalastat Change from Baseline (mean, 95%CI) n=42		
Study 011+041 (Avg 22 Months)**	97.5 (26%)	-8.0 (-13.5, -2.5)***		



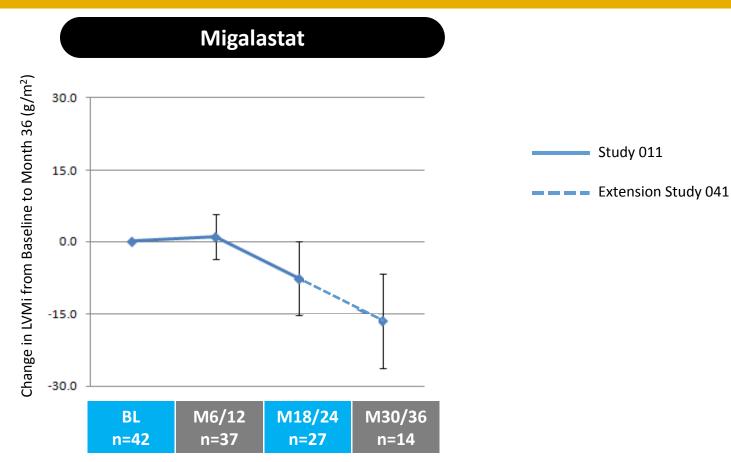
^{*}Read in blinded manner in centralized lab every 6 months. Normal LVMI: 43-95 (female), 49-115 (male)

^{**}All patients with amenable mutations with baseline and post-baseline values

^{***}Statistically significant (95% CI does not overlap zero)

Cardiac Data (LVMi): Phase 3 Study 011+041

New Data Also Show Migalastat Has Persistent and Increasing Positive Effect on LVMi Over Longer Periods of Time (Up to 36 Months)



Sample size differences are due to subjects not yet reaching a given timepoint or due to missing Echos



Global Regulatory Strategy

Cardiac Effect Strengthens Totality of Clinical Data Supporting Marketing Applications

- Complete data set from Phase 3 studies (011 and 012)
- 9 years of data in extension studies
- FDA meeting planned 1Q15

- MAA submission planned mid-2015 (Centralized Procedure)
- Comparability to ERT (Study 012)

 ROW regulatory path to be based on EMA and FDA submissions



