SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person [*] <u>Prout Samantha</u>					2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				1	<u>1000 1111</u>		011	<u>,</u>			ctor	10% (
(Last) (First) (Middle)					te of Earliest Tra	saction	(Month	/Day/Year)	_	X belo	cer (give title w)	below	(specify)					
					7/2023	ISaction	(inontin	/Day/Teal)		C	Chief Acco	c 🔤						
C/O AMICUS THERAPEUTICS, INC. 3675 MARKET STREET				4 If 4	mendment Date	of Origi	nal File	d (Month/Dav	6	6. Individual or Joint/Group Filing (Check Applicable								
36/5 MI	ARKEI SII	KEE I			4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)						
(Street)				-							X For	Form filed by One Reporting Person						
(Street) PHILADELPHIA PA 19104											Form filed by More than One Repo Person							
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication													
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
		Table	I - Non-Deriv	ative S	Securities Ac	quire	l, Dis	posed of,	or Be	nefici	ally Ow	ned						
1. Title of	Security (Ins		2. Trans Date		2A. Deemed Execution Date,	3. Trans Code	d, Dis saction (Instr.	4. Securities Disposed Of 5)	Acquire	d (A) or	5. Am Secu Bene Owne	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
1. Title of	Security (Inst		2. Trans Date	iction	2A. Deemed Execution Date, if any	3. Trans Code	saction (Instr.	4. Securities Disposed Of	Acquire	d (A) or	5. Am Secur Bene Owne Repo Trans	ount of ities icially d Following	Form: Direct (D) or Indirect	of Indirect Beneficial				
1. Title of Commor			2. Trans Date	uction Pay/Year)	2A. Deemed Execution Date, if any	3. Trans Code 8)	saction (Instr.	4. Securities Disposed Of 5)	s Acquire f (D) (Inst (A) or	d (A) or r. 3, 4 ar	5. Am Secur Bene Owne Repo Trans (Instr	ount of ities icially d Following rted action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership				
		tr. 3)	2. Trans Date (Month/I 08/17 Dle II - Deriva	action Pay/Year) /2023 tive Se	2A. Deemed Execution Date, if any (Month/Day/Yea	3. Trans Code 8) Code F	saction (Instr.	4. Securities Disposed Of 5) Amount 7,432 osed of, o	Acquire f (D) (Inst (A) or (D) D or Bene	d (A) or r. 3, 4 ar Price \$12. eficial	5. Arr Secu Bene Owne Repo Trans (Instr 77 1 Iy Owne	ount of itities icially d Following rted action(s) 3 and 4) 29,571	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership				

			loi (li		of (D) (Instr. 3, 4 and 5)				,		Transaction(s) (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Evolanatio	n of Pesnons	001										

Explanation of Responses:

Remarks:

<u>/s/ Christian Formica,</u> <u>Attorney-in-Fact</u>

08/21/2023

** 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.