SEC Form 4

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FORM 4

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

OMB APPROVAL

I

| Check this box if no longer subject to Section 16. Form 4 or Form 5 |
|---|
| obligations may continue. See |
| Instruction 1(b). |

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

| OMB Number: 3235-0 | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Marile and Address of Reporting Feison | | | 2. Issuer Name and Ticker or Trading Symbol <u>AMICUS THERAPEUTICS INC</u> [FOLD] | | tionship of Reporting Perso all applicable) Director | on(s) to Issuer 10% Owner | | | | | |
|---|---|----------|---|-------------------|--|------------------------------|--|--|--|--|--|
| , | | | | | Officer (give title | Other (specify | | | | | |
| (Last) C/O AMICUS T | (First) THERAPEUTICS | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2015 | | below) | below) | | | | | |
| 1 CEDAR BROOK DRIVE | | | | | | | | | | | |
| | ER SOL J (First) (Middle) MICUS THERAPEUTICS DAR BROOK DRIVE | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ividual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | X | Form filed by One Repor | ting Person | | | | | |
| CRANBURY | NJ | 08512 | | | Form filed by More than Person | One Reporting | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 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(s) (Instr. 3 and 4) | | (Instr. 4) |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Options (right to buy) | \$13.09 | 06/10/2015 | | A | | 20,000 | | (1) | 06/11/2025 | Common Stock | 20,000 | \$0.00 | 20,000 | D | |

Explanation of Responses:

1. One hundred percent of the shares subject to this option will vest and become exercisable on the date of the annual meeting of the stockholders of the issuer to be held in 2016. **Remarks:**

/s/ Sol J. Barer

06/12/2015 Date

** Signature of Reporting Person

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.