SEC For	m 4 FORM	A		N 6 T V.				ו חו											
	FURIN	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL				
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 OWNERSH Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										SHI	Ρ	Estima		er: verage burde sponse:	3235-0287 n 0.5	
1. Name and Address of Reporting Person* <u>SBLENDORIO GLENN</u>					2. Issuer Name and Ticker or Trading Symbol <u>AMICUS THERAPEUTICS, INC.</u> [FOLD]										onship o all applica Director	,	g Pers	suer wner	
(Last) (First) (Middle)			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/07/2024									Officer (give title Other (specif below) below)					specify
47 HULFISH STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) PRINCETON NJ 08542														Х	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(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.											d to			
		Tab	ole I - Non	-Deriva	ative Se	curities Ac	quired	, Di	isp	osed o	of, o	r Bene	eficia	ly O	wned				
1. Title of Security (Instr. 3)			2. Transa Date (Month/E		2A. Deemed Execution Date, if any (Month/Day/Yea	Code	sactio (Inst		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securities Beneficially Owned Foll		s Ily	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership	
							Code	, v		Amount		(A) or (D)	Price		 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 4)
Common Stock					/2024		М			15,00	0	Α	\$ <u>2</u> .	3	83,5	596		D	
						urities Acqı s, warrants								v Ow	vned				
1. Title of Derivative 2. 3. Transaction Date 3A. Deemed Execution D (Month/Day/Year) Security (Instr. 3) or Exercise Price of Month/Day/Year) if any (Month/Day/			ate, Transaction Code (Instr.		5. Number of Derivative Securities	6. Date Exercisable Expiration Date (Month/Day/Year)				of Securities		5	Derivative de Security Se		9. Numbe derivative Securities Beneficia	5	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership	

Security (Instr. 3)	or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/		or securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	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)	\$2.8	03/07/2024		М			15,000	(1)	06/12/2024	Common Stock	15,000	\$0	0	D		

Explanation of Responses:

1. All of the options were fully vested and exercisable as of the transaction date.

/s/ Christian Formica, Attorney-03/11/2024

in-Fact

** 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.