SEC Form 4												
FORM 4 UNITE	M 4 UNITED STATES SECURITIES AND EXCHANGE COMM 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).	pursual	E CHANGES nt to Section 16(a) ction 30(h) of the In	of the Se	curitie	es Exchange /		Es	IB Number: timated average bur urs per response:	3235-0287 den 0.5			
1. Name and Address of Reporting Person [*] Bleil Lynn Dorsey	2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle)			e of Earliest Transa /2023	ction (Mc	onth/E	Day/Year)		Officer (give tit below)	e Other below	(specify)		
C/O AMICUS THERAPEUTICS, INC. 3675 MARKET STREET	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) PHILADELPHIA PA 19104								Form filed by More than One Reporting 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 - No	on-Deriva	tive S	ecurities Acq	uired, I	Disp	osed of, o	or Ben	eficially	Owned			
1. Title of Security (Instr. 3)	2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Followin 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)		(1150.4)	
Common Stock ⁽¹⁾	06/08/2			A		8,584	A	\$0.00	81,680	D		
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	\$12.62	06/08/2023		A		30,474		(2)	06/08/2033	Common Stock	30,474	\$0.00	30,474	D	

Explanation of Responses:

1. Granted in the form of Restricted Stock Units ("RSUs"), these RSUs will vest in full on the one year anniversary of the grant date and shall be payable in common stock. One (1) RSU is the equivalent of one (1) share of Amicus common stock.

2. One hundred percent of the shares subject to this option will vest and become exercisable on the one year anniversary of the date of grant.

Remarks:

<u>Christian Formica, Attorney-</u> <u>in-Fact</u> <u>06/12/2023</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.