FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Crowley John F						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Crowicy John I														X	Direc			10% O\	
(Last)	(Fir	st) (ľ	Middle	e)										X	Office belov	er (give title v)		Other (s	specify
C/O AMICUS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2022								Executive Chairman					
3675 MARKET STREET					11/	11/13/2022													
	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Street)														Line) X Form filed by One Reporting Person					
PHILADELPHIA PA 19104													Λ	Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Sta	ata) (3	Zip)											Person					9
(City)	(30	(2	<u> </u>																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ear) i	ar) 2A. Deemed Execution D if any (Month/Day/		n Date,		action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Secur Benef Owner		icially d Following	Form: (D) or Indire	ct (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price			rted (Insaction(s) 3 and 4)		4)	(Instr. 4)
Common Stock 11/15/2022						2			S ⁽¹⁾		10,468	D	\$11.64	18(2)	813,269			D	
Common Stock															64,895			I	By Trust
		Tal	ble I	I - Derivati	ve S	ecurit	ties /	Aca	uire	d. Dis	posed of	or B	eneficia	ıllv C) Wne				
											convert					-			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution Date, Transaction				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)				le and unt of rities erlying rative rity (Instr. d 4)	Der Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	/ OF D O (I	0. Ownership orm: Direct (D) r Indirect) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisabl	Expiratio e Date	n Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. This price is the weighted average price for the transactions reported on this line. The prices for the transactions reported on this line range from \$11.45 to \$11.79 inclusive. The reporting person undertakes to provide, upon request, by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

In addition to the reported transactions, Mr. Crowley also has approximately 597,000 options outstanding and exercisable at various strike prices.

/s/ Christian Formica, 11/17/2022 Attorney-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.