The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

		1	OMB APPROVAL
UNITED S	TATES SECURITIES AND EXCHAI Washington, D.C. 20549 FORM D	NGE COMMISSION	OMB APPROVAL OMB 3235- Number: 0076
	Estimated average burden		
	Notice of Exempt Offering of Sec		hours per response: 4.00
1. Issuer's Identity			
CIK (Filer ID Number)	Previous Names X None		Entity Type
<u>0001178879</u>		X Corpora	tion
Name of Issuer		Limited	Partnership
AMICUS THERAPEUTICS INC		Limited	Liability Company
Jurisdiction of		General	Partnership
Incorporation/Organizatio	on and a second s	Business	
DELAWARE	Version	Other (S	pecify)
Year of Incorporation/C	u gaiii2d(1011		
X Over Five Years Ago	Vort		
Within Last Five Years (Specify Yet to Be Formed	y Year)		
Tet to De Formed			
2. Principal Place of Business and (Contact Information		
Name of Issu	ler		
AMICUS THERAPEUTICS INC	4		
Street Addres	55 I	Street Address 2	
1 CEDAR BROOK DRIVE	to/Drovinco/Country 7ID/Do	stalCode Phone Ni	umber of Issuer
0	tte/Province/Country ZIP/Po 7 JERSEY 08512	(609) 662-2	
	JERSE1 00512	(003) 002-2	2000
3. Related Persons			
Last Name	First Name	Middle I	Name
Crowley	John	F.	
Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive	710/0	olCodo
City	State/Province/Country	ZIP/Posta	ncoae
Cranbury Relationship: X Executive Office	NEW JERSEY r X Director Promoter	08512	
Clarification of Response (if Neces			
Last Name	First Name	Middle	Name

Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
City	State/Province/Country		ZIP/PostalCode
Cranbury	NEW JERSEY	08512	
Relationship: X Executive Officer	Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Boudes	Pol	F.
Street Address 1	Street Address 2	
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive	
City	State/Province/Country	ZIP/PostalCode
Cranbury	NEW JERSEY	08512
Relationship: X Executive Office	r Director Promoter	
Clarification of Response (if Neces	ssary):	
Last Name	First Name	Middle Name
Campbell	Bradley	L.
Street Address 1	Street Address 2	
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive	
City	State/Province/Country	ZIP/PostalCode
Cranbury	NEW JERSEY	08512
Relationship: X Executive Office	r Director Promoter	
Clarification of Response (if Neces	ssary):	
Last Name	First Name	Middle Name
Baird, III	William	D.
Street Address 1	Street Address 2	
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive	
City	State/Province/Country	ZIP/PostalCode
Cranbury	NEW JERSEY	08512
Relationship: X Executive Office	r Director Promoter	
Clarification of Response (if Neces	ssary):	
Last Name	First Name	Middle Name
Hayden, Jr.	Donald	J.
Street Address 1	Street Address 2	
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive	
City	State/Province/Country	ZIP/PostalCode
Cranbury	NEW JERSEY	08512
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	ssary):	
Last Name	First Name	Middle Name
Barer	Sol	J.

Barer	Sol	J.	
Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
City	State/Province/Country	ZIP/PostalCode	
City Cranbury	State/Province/Country NEW JERSEY	08512	

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Barrett	James	
Street Address 1	Street Address 2	
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive	
City	State/Province/Country	ZIP/PostalCode
Cranbury	NEW JERSEY	08512

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

	First Name		Middle Name
McGlynn	Margaret	G.	
Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
City	State/Province/Country		ZIP/PostalCode
Cranbury	NEW JERSEY	08512	
Relationship: Executive Officer	X Director Promoter		
Clarification of Response (if Neces	sary):		
Last Name	First Name		Middle Name
Raab	Michael	G.	
Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
City	State/Province/Country		ZIP/PostalCode
Cranbury	NEW JERSEY	08512	
C C	X Director Promoter	3001 E	
Clarification of Response (if Neces			
Last Name	First Name		Middle Name
Sblendorio	Glenn		
Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
-			
City	State/Province/Country		ZIP/PostalCode
City Cranbury	NEW JERSEY	08512	ZIP/PostalCode
City Cranbury	NEW JERSEY	08512	ZIP/PostalCode
City Cranbury Relationship: Executive Officer	NEW JERSEY X Director Promoter	08512	ZIP/PostalCode
City Cranbury Relationship: Executive Officer	NEW JERSEY X Director Promoter	08512	ZIP/PostalCode Middle Name
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name	NEW JERSEY X Director Promoter sary):	08512 N.	
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name	NEW JERSEY X Director Promoter sary): First Name		
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1	NEW JERSEY X Director Promoter sary): First Name James		
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1	NEW JERSEY X Director Promoter sary): First Name James Street Address 2		
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country	N.	Middle Name
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive		Middle Name
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter	N.	Middle Name
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary):	N.	Middle Name ZIP/PostalCode
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary): First Name	N. 08512	Middle Name
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Love	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary): First Name Ted	N.	Middle Name ZIP/PostalCode
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Love Street Address 1	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary): First Name Ted Street Address 2	N. 08512	Middle Name ZIP/PostalCode
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Love Street Address 1 c/o Amicus Therapeutics, Inc.	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary): First Name Ted Street Address 2 1 Cedarbrook Drive	N. 08512	Middle Name ZIP/PostalCode Middle Name
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Love Street Address 1 c/o Amicus Therapeutics, Inc. City	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary): First Name Ted Street Address 2 1 Cedarbrook Drive State/Province/Country	N. 08512 W.	Middle Name ZIP/PostalCode
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Love Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary): First Name Ted Street Address 2 1 Cedarbrook Drive	N. 08512	Middle Name ZIP/PostalCode Middle Name
City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Topper Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer Clarification of Response (if Neces Last Name Love Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury	NEW JERSEY X Director Promoter sary): First Name James Street Address 2 1 Cedar Brook Drive State/Province/Country NEW JERSEY X Director Promoter sary): First Name Ted Street Address 2 1 Cedarbrook Drive State/Province/Country	N. 08512 W.	Middle Name ZIP/PostalCode Middle Name

Essner

Street Address 1 c/o Amicus Therapeutics, Inc. City Cranbury Relationship: Executive Officer 2		08512	ZIP/PostalCode
Clarification of Response (if Necess	ary):		
Last Name Quimi	First Name Daphne		Middle Name
Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc. City Cranbury	1 Cedar Brook Drive State/Province/Country NEW JERSEY	08512	ZIP/PostalCode
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necess	ary):		
Last Name	First Name		Middle Name
Kirk Street Address 1	John Street Address 2	R.	
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
City	State/Province/Country		ZIP/PostalCode
Cranbury	NEW JERSEY	08512	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necess	ary):		
Last Name Dilone	First Name Enrique		Middle Name
Street Address 1	Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
City	State/Province/Country		ZIP/PostalCode
Cranbury	NEW JERSEY	08512	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necess	ary):		
Last Name	First Name		Middle Name
Valenzano Street Address 1	Ken Street Address 2		
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive		
City	State/Province/Country		ZIP/PostalCode
Cranbury	NEW JERSEY	08512	
Relationship: X Executive Officer	Director Promoter		
Clarification of Response (if Necess	ary):		
			Middle Name
Last Name	First Name		Wildule Maine
Peist	Kenneth	W.	
Peist Street Address 1	Kenneth Street Address 2	W.	
Peist Street Address 1 c/o Amicus Therapeutics, Inc.	Kenneth Street Address 2 1 Cedar Brook Drive	W.	
Peist Street Address 1	Kenneth Street Address 2	W. 08512	ZIP/PostalCode

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Winkler	Robert	
Street Address 1	Street Address 2	
c/o Amicus Therapeutics, Inc.	1 Cedar Brook Drive	
City	State/Province/Country	ZIP/PostalCode
Cranbury	NEW JERSEY	08512
Relationship: X Executive Officer	Director Promoter	

Clarification of Response (if Necessary):

4. Industry Group

Agriculture		Health Care	Retailing
Banking & Financial Services		X Biotechnology	Restaurants
Commercial Banking		Health Insurance	Technology
Insurance Investing		Hospitals & Physicians	Computers
Investment Banking		Pharmaceuticals	Telecommunications
Pooled Investment Fund		Other Health Care	Other Technology
Is the issuer regist		Manufacturing	Travel
an investment con	1 0	Real Estate	Airlines & Airports
the Investment Company Act of 1940?		Commercial	Lodging & Conventions
Yes No		Construction	Tourism & Travel Services
Other Banking & Financial Services		REITS & Finance	Other Travel
Business Services		Residential	Other
Energy		Other Real Estate	
Coal Mining			

Electric Utilities

Energy Conservation

Environmental Services

- Oil & Gas
- Other Energy
- 5. Issuer Size

OR	Aggregate Net Asset Value Range
	No Aggregate Net Asset Value
	\$1 - \$5,000,000
	\$5,000,001 - \$25,000,000
	\$25,000,001 - \$50,000,000
	\$50,000,001 - \$100,000,000
	Over \$100,000,000
	Decline to Disclose
	Not Applicable
	OR

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505
Rule 504 (b)(1)(i)	X Rule 506
Rule 504 (b)(1)(ii)	Securities Act Section 4(5)

Rule 504 (b)(1)(iii)	Investment C	ompany Act Section 3(c)	
	Section 3(c)	1) Section 3(c)(9)	
	Section 3(c)	2) Section 3(c)(10)	
	Section 3(c)	3) Section 3(c)(11)	
	Section 3(c)	4) Section 3(c)(12)	
	Section 3(c)	5) Section 3(c)(13)	
	Section 3(c)	5) Section 3(c)(14)	
	Section 3(c)(7)	
7. Type of Filing			
X New Notice Date of First Sale 2012-07-17 I Amendment	First Sale Yet to	Occur	
8. Duration of Offering			
Does the Issuer intend this offering to last more th	an one year?	Yes X No	
9. Type(s) of Securities Offered (select all that app	ly)		
X Equity		Pooled Investment Fund Inte	
Debt Option, Warrant or Other Right to Acquire Ano	than Sacurity	Tenant-in-Common Securitie	2S
Security to be Acquired Upon Exercise of Optic Other Right to Acquire Security	5	Mineral Property Securities Other (describe)	
10. Business Combination Transaction			
Is this offering being made in connection with a b a merger, acquisition or exchange offer?	usiness combina	tion transaction, such as Ye	es X No
Clarification of Response (if Necessary):			
11. Minimum Investment			
Minimum investment accepted from any outside i	nvestor \$18,582	360 USD	
12. Sales Compensation			
Recipient	Recipi	ent CRD Number X None	
(Associated) Broker or Dealer X None	(Assoc	riated) Broker or Dealer CRD	Number X None
Street Address 1		Street Address 2	
City	State/P	rovince/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) A Check "All States" or check individual States	All States Fore	ign/non-US	
13. Offering and Sales Amounts			
Total Offering Amount \$18,582,360 USD or	Indefinite		
Total Amount Sold\$18,582,360 USD			
Total Remaining to be Sold\$0 USD or	Indefinite		
Clarification of Response (if Necessary):			
A sale of unregistered shares was made to one acc	redited investor.		
14. Investors			

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
AMICUS THERAPEUTICS INC	/s/ John F. Crowley	John F. Crowley	Chief Executive Officer	2012-07-30

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this

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undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.