FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average t | ourden | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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

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* Bleil Lynn Dorsey (Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC. 3675 MARKET STREET (Street) PHILADELPHIA PA 19104 | | | | | Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD] 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | (Cr | C. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner Officer (give title below) C. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person | | | | | |
|--|--|------------|---|----------------------------|--|---------|------|--------------------|---|--------------------|---|---|---|--|---|--|---------------------------------------|
| (City) | | | (Zip) | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | 2A. Deemed Execution Date, | | Code (I | | | | | Benefici | es ally Following | Form (D) o | n: Direct cor Indirect Enstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac | ansaction(s) str. 3 and 4) | | | | |
| Common Stock ⁽¹⁾ 06/09/ | | | | 06/09/2 | 0/2022 | | A | | 12,67 | 1 | | - ` | 73,096 | | 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Co | ransaction of Der Sec (A) Dis of (I | | of E | | 5. 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) | ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Cod | de V | (A) | | Date Exercisabl | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Options (right to buy) | \$8.55 | 06/09/2022 | | A | | 45,423 | | (2) | 0 | 06/09/2032 | Common Stock | 45,423 | \$0.00 | 45,423 | 3 | 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:

Christian Formica, Attorney-in-06/10/2022 **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.