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 burden								
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

Name and Address of Reporting Person*      Castelli Jeff					2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [ FOLD ]								ationship of Reporti c all applicable) Director Officer (give title		10% Ov Other (s		ner		
(Last) 3675 MA	,	(First) (Middle) ET STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/17/2023							Λ		chief Develop		below) ment Officer	
(Street) PHILADELPHIA PA 19104				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							)	6. Indi Line) X						
(City)		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.  ive Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			tion 2A. Deeme Execution y/Year) if any		eemed ution Date,		3. 4. Securities		s Acquired (A)		or	5. Amo Securit Benefic	mount of curities neficially ned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or Pri	Transa		action(s) 3 and 4)			(113411 4)	
Common Stock 08/1			08/17/2	2023 F				14,560	D	\$1	368,593				D				
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8) 5. Nun of Deriva Securi (A) or Dispo- of (D) (Instr. and 5)		vative prities priced r osed )	6. Date Exercisal Expiration Date (Month/Day/Year)		e Amount of		int of rities rlying ative rity (Inst	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amous or Number of Shares	er					

**Explanation of Responses:** 

Remarks:

/s/ Christian Formica, Attorney-in-Fact

08/21/2023

\*\* Signature of Reporting Person

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).