FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENE	FICIAL (	<b>DWNERS</b>	HIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person*  SBLENDORIO GLENN					2. Issuer Name <b>and</b> Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [ FOLD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				$\vdash$								X	Directo	r		10% O	vner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023									Officer below)	(give title		Other (s below)	specify
C/O AMICUS THERAPEUTICS, INC.				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check										ı (Check Ar	pplicable			
3675 MARKET STREET				and the control of the control								Line)	Line)						
				-									X	X Form filed by One Reporting Person					
(Street)															Form fi Persor		e thar	n One Repo	orting
PHILAD	ELPHIA P	A	19104		$\vdash$										1 01301	•			
					-  Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)			Cho	ck this hov	to ind	icate that a tr	anca	ction was r	mado nurcu	ant to	a contr	act instructi	on or writton	nlan t	hat is intond	nd to
						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.													
		Tolo	la I Na	n Davis		Ca		. ^ -	autivad F	\:		f ar De		الماد		ı			
			ie i - No			_			quired, [	JISI					_				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. 4. Securities Acquired (Disposed Of (D) (Instr. 5)			4 and Securiti Benefic		es Form		n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
						`	, , , , , , , , , , , , , , , , , , , ,		Code	v	Amount	nount (A) or (D)		rice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock <sup>(1)</sup> 06/08/				3/2023	2023		A		8,58	34 A \$		\$0.00	95,303			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		•							, options						•••••••				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transac Code (Ir 8)				6. Date Exercisable a Expiration Date (Month/Day/Year)			e and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	nber					
Stock Options (right to buy)	\$12.62	06/08/2023			A		30,474		(2)	06	6/08/2033	Common Stock	30,4	474	\$0.00	30,474	ı	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-06/12/2023 in-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.