SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 -

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average but	rden
hours per response:	0.5

1. Name and Address of Reporting Person*           PERCEPTIVE ADVISORS LLC					2. Issuer Name and Ticker or Trading Symbol <u>AMICUS THERAPEUTICS INC</u> [ FOLD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
					3. Date of Earliest Transaction (Month/Day/Year) 12/22/2016								Officer (give title Other (specify below) below)						
(Street) NEW YORK NY 10003			- 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State) (Zip)				-	A Person														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Inst	r. 3)		2. Transactio Date (Month/Day/		Exect if any	eemed ution Da , th/Day/Y		3. Transa Code ( 8)		4. Securities Disposed Of 5)	(D) (Instr	I (A) or . 3, 4 and	5. Amount Securities Beneficial Owned Fo Reported	y Ilowing	6. Own Form: I (D) or II (I) (Inst	Direct ndirect	7. Natu Indirect Benefit Owner (Instr. 4	ct icial rship
									Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 ar				-	-
Common	Stock			12/22/20	16				Р		189,500	A	\$4.511	16,066	,447		[	See Footr	10tes <sup>(1)(2)</sup>
		Та	ble I								posed of, , convertik								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	eeemed ution Date, / th/Day/Year)		action (Instr.	of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	Expi	ration	ercisable and Date y/Year)	7. Title Amoun Securi Under Deriva Securi and 4)	nt of ties lying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followi Report Transa (Instr. 4	ive ies cially ing ed ction(s)	10. Owners Form: Direct ( or Indir (I) (Inst	ship o (D) C rect (I	1. Nature of Indirect Beneficial Dwnership Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisabl	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person <sup>*</sup>	IC																
(Last)		(First) 10TH FLOOR		Middle)		_													
(Street) NEW YC	ORK	NY		10003															
(City)		(State)	(	Zip)															
	nd Address of MAN JOS	Reporting Person <sup>*</sup> <u>EPH</u>																	
		(First) ADVISORS LL( 10TH FLOOR		Middle)															
(Street) NEW Y(	ORK	NY	1	10003		_													
(City)		(State)	(	Zip)															
	EPTIVE I	Reporting Person <sup>*</sup> .IFE SCIENC	ES I	MASTEF	<u></u>														
(Last) C/O PER	RCEPTIVE	(First) ADVISORS LL		Middle)															

51 ASTOR PLA	CE, 10TH FLOO	R
(Street) NEW YORK	NY	10003
(City)	(State)	(Zip)

#### **Explanation of Responses:**

1. This Form 4 is being filed by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"), Perceptive Advisors LLC (the "Advisor") and Joseph Edelman. The Advisor serves as the investment manager of the Master Fund. Mr. Edelman is the managing member of the Advisor.

2. This amount reflects the amount of securities held by the Master Fund immediately following the transaction requiring the filing of this statement. In accordance with Instruction 5(b)(iv) of Form 4, the entire amount of the Issuer's securities held by Master Fund is reported herein. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

<u>/s/ Joseph Edelman, managing</u> member of Perceptive Advisors 12/23/2016 LLC

\*\* 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.

### **Information Regarding Joint Filers**

Designated Filer of Form 4: Perceptive Advisors LLC

Date of Earliest Transaction Required to be Reported: December 22, 2016

## Issuer Name and Ticker Symbol: Amicus Therapeutics, Inc. [FOLD]

	Names:	Perceptive Life Sciences Master Fund Ltd. and Joseph Edelman
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Address: Perceptive Advisors LLC 51 Astor Place, 10th Floor New York, NY 10003

Signatures:

The undersigned, Perceptive Life Sciences Master Fund Ltd. and Joseph Edelman, are jointly filing the attached Statement of Changes in Beneficial Ownership of Securities on Form 4 with Perceptive Advisors LLC with respect to the beneficial ownership of securities of Amicus Therapeutics, Inc.

PERCEPTIVE LIFE SCIENCES MASTER FUND LTD.

By: Perceptive Advisors LLC, its investment manager

By: <u>/s/ Joseph Edelman</u> Joseph Edelman, managing member

JOSEPH EDELMAN

By: <u>/s/ Joseph Edelman</u> Joseph Edelman