FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

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

(Last)	. Name and Address of Reporting Person* Crowley John F (Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC.						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD] 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023									Relationship of Reporting P Check all applicable) X Director X Officer (give title below) Executive Ch			ssuer wner specify
3675 MARKET STREET (Street) PHILADELPHIA PA 19104						4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	Rule 10b5-1(c) Transaction Indication X 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.																	
		Table	I - I	Non-Deriva	tive S	ecu	rities	Acc	quire	d, Di	sposed c	f, or	Benefic	ially	Owr	ned			
Da				2. Transaction Date (Month/Day/Ye	Exar) if a	2A. Deemed Execution Da if any (Month/Day/\		Date, Tr			4. Securities Acquired (A Disposed Of (D) (Instr. 3,			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
							С	Code V		Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)					
Common	3				S		6,044	D	\$11.359	96 ⁽¹⁾	956,317			D					
Common Stock															64,895			I	By Trust
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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	r. 3 and 4)					10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V (A) (D		(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	er						

Explanation of Responses:

1. This price is the weighted average price for the transactions reported on this line. The prices for the transactions reported on this line range from \$11.08 to \$11.51 inclusive. The reporting person undertakes to provide, upon request, by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

All transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 7, 2022. In addition to the reported transactions, Mr. Crowley also has approximately 704,000 options outstanding and exercisable at various strike prices.

/s/ Christian Formica, Attorney-in-Fact 06/05/2023

** 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.