Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, B.S. 20040

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average hurden									

0.5

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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

1. Name and Address of Reporting Person* Barth Jay						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]									all appli Directo Officer	cable) or (give title	g Per	Person(s) to Issuer 10% Owner Other (specify	
	`	RAPEUTICS, IN	(Middle) NC.			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018 Chief 4. If Amendment, Date of Original Filed (Month/Day/Year) X below) Chief 6. Individual or Joint/CLine) X Form filed b									below) below) Chief Medical Officer				
(Street) CRANB			08512 (Zip)		_ 4.1										filed by One	oup Filing (Check Applicable One Reporting Person More than One Reporting			
		Tab	le I - N	Non-Deriv	/ative	e Sec	uriti	ies Ad	cquire	ed, D	isposed o	of, or B	enefic	ially	Owned	t			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution (ear) if any		emed ion Date, i/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic		ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			01/02/2	018				M ⁽¹⁾		5,000	Α	\$14.7	118 ⁽²⁾	69),184 I		D	
Common	Stock			01/02/2	018				S ⁽¹⁾		5,000	D	\$14.7	118 ⁽³⁾ 6		64,184		D	
		Т	able I								sposed of , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/)		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er					
Stock Options (right to	\$2.29	01/02/2018			M ⁽¹⁾			5,000	03/03/	/2015	03/03/2024	Common	ⁿ 5,00	0	\$0.00	130,00	0	D	

Explanation of Responses:

- 1. The exercise of stock options and subsequent sale of common stock were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 13, 2017.
- 2. This price is the weighted average purchase price for the transactions reported on this line. The prices for the transactions reported on this line range from \$14.13 to \$15.16. 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 purchased at each separate price.
- 3. This price is the weighted average sale price for the transactions reported on this line. The prices for the transactions reported on this line range from \$14.13 to \$15.16. 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.

Remarks:

<u>/s/ Jay Barth</u> <u>01/04/2018</u>

** 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.