FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHA | NGES IN | BENEFICIAL | OWNERSHIP |
|-----------|---------|----------|--------------|-----------|
| OIAILMENI | 01 0117 | HOLO III | DEITEI IOIAE | OWNEROIM |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | burden | | | | | | | | |
| hours per response | e· 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

| 1. Name and Address of Reporting Person* WHITMAN BURKE W (Last) (First) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | k all app Direc | tor er (give title | ng Per | 10% On Other (below) | wner | | |
|--|--|-------|-----------------|--|--|--|--|------|---|--------|--------------------|---|---|---|---------------------------------------|-------------------------|-------------|----------|--|
| (Street) CRANB | | J 0 | 8512 Zip) | | | 11/02/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) X | Form | filed by On- filed by Moon | e Rep | orting Pers | on | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date, | | Transaction Disposed Of Code (Instr. 5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | | ction(s) | | ľ | (mou. 4) | |
| Common Stock 11/02/2 | | | 2020 | | P ⁽¹⁾ | | 1,500 A | | \$1 | 8.01 | 36,967 | | | D | | | | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 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) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

1. The purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

Remarks:

Christian Formica, Attorney-

11/04/2020

in-Fact

** 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.