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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 ar		2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]								neck a <mark>X</mark>	tionship of Reporting all applicable) Director		10% Ow		mer				
(Last) C/O AM 1 CEDA	01	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2018 4. If Amendment, Date of Original Filed (Month/Day/Year)									below)	(give title	Filina	Other (s below)					
(Street) CRANBURY NJ 08512					_ "	The (month bay) real)									Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)	lon Dori	ivativ	vo Soc		ios A			isposod o	of or B	noficial	lv O	wood				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					tion	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Follow		es ally Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 01/02/20						18			M ⁽¹⁾		20,000	A \$15.00		(2)	25,814			D	
Common Stock 01/02/20					2018	18			S ⁽¹⁾		20,000	D	\$15.000	[(3)	5,814			D	
		-	Table								sposed of, , convertil			ow Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deri Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	S F	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	1					
Stock Options (right to buy)	\$7.15	01/02/2018			M ⁽¹⁾			10,000	06/10)/2010	06/10/2019	Common Stock	10,000	\$(0.00	0		D	
Stock Options (right to	\$10.53	01/02/2018			M ⁽¹⁾			10,000	06/10)/2009	06/10/2018	Common Stock	10,000	\$1	0.00	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 November 21, 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 \$15.00 to \$15.01. 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 \$15.00 to \$15.01. 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:

/s/ Donald J. Hayden

01/04/2018

** 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.