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)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Quimi Daphne					2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]								neck all D	tionship of Reporting all applicable) Director Officer (give title			on(s) to Issu 10% Ow Other (s	ner	
	`	RAPEUTICS	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2015									below) below) Vice President Finance			peony	
(Street) CRANBURY NJ 08512 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) <mark>X</mark> F	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - N	Non-Der	ivativ	e Sec	curit	ties Ad	cquire	ed, D	isposed c	of, or B	eneficia	ly Ow	ned				
Date			2. Transac Date (Month/Da	Exe y/Year) if ar		A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common stock 10/01/20				2015	15			M ⁽¹⁾		11,250	A	\$13.1343	3(2)	16,938			D		
Common stock 10/01/20				2015	15			S ⁽¹⁾		11,250	D	\$13.1343	.1343(3)		5,688		D		
		-	Table I								posed of, converti			Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)			Expira	e Exerc ation D h/Day/		7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price Deriva Secur (Instr.	tive ity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Stock Options (right to	\$2.45	10/01/2015			M ⁽¹⁾			11,250	01/01	/2018	01/03/2024	Common	¹ 11,250	\$0.0	00	33,750		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 17, 2014.
- 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 \$12.59 to \$13.73. 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 \$12.59 to \$13.73. 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/ Daphne Quimi

** 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.