FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| hours per response: | 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* MCGLYNN MARGARET G | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD] | | | | | | | | | ionship of Reportin all applicable) Director | | g Person(s) to Issuer 10% Owner | | |
|--|--|--------|-----------|---------|---|---|--|---|--|--------------------------------------|---------------------|---|--|--------|--|--|------------|---|--|--|
| (Last) (First) (Middle) 1 CEDAR BROOK DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2017 | | | | | | | | | | fficer (give title elow) | | Other (specify below) | | |
| (Street) CRANBU | CRANBURY NJ 08512 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/15/2017 | | | | | | | | | ne) X F | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Sec Ber Ow | mount of urities eficially ned Following | For (D) | Ownership m: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | v | Amount | (A (I | A) or O) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | (11150.4) | | | | |
| Common | Stock | 3/2017 | | | | A | 5,814 | | 4 A | | \$ <mark>0</mark> . | 00 | 15,814(1) | | 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) | | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | | | Date Exercisal | Date E Exercisable D | | Num of Title Shai | | | | | | | | |

Explanation of Responses:

1. This Form 4 amendment corrects the reporting person's amount of securities beneficially owned following the reported transaction.

Remarks:

/s/ Margaret G. McGlynn

06/16/2017

** 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.