FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

OMB APPROVAL

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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] | | | | | | | |] (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|--|---|------------|---|---|---|-----|---|------|--|-----------------|----------------|---|---|---|--------------------------------------|--|--|
| (Last) | , | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023 | | | | | | | | | (give title | | Other (s | | |
| C/O AMICUS THERAPEUTICS, INC. 3675 MARKET STREET | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | ELPHIA P | PA | 19104 | | | | | | | | | | | | | iled by Mor | | n One Repo | |
| (City) (State) (Zip) | | | | l_{\Box} | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exec ay/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | | Benefici Owned I | es Formially (D) (I) (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 06/08/2 | | | | /2023 | | | | A | | 8,58 | 8,584 A S | | \$0.00 | 59,289 | | | 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) 2. Conversion or Exercise Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transac Code (Ir 8) | | | | 6. Date Exe Expiration (Month/Day | Date | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | O N O | umber | | | | | |
| Stock Options (right to buy) | \$12.62 | 06/08/2023 | | | A | | 30,474 | | (2) | 00 | 6/08/2033 | Commo: Stock | ⁿ 3 | 0,474 | \$0.00 | 30,474 | 1 | D | |

Explanation of Responses:

- 1. Granted in the form of Restricted Stock Units ("RSUs"), these RSUs will vest in full on the one year anniversary of the grant date and shall be payable in common stock. One (1) RSU is the equivalent of one (1) share of Amicus common stock.
- 2. One hundred percent of the shares subject to this option will vest and become exercisable on the one year anniversary of the date of grant.

Remarks:

/s/ Christian Formica, Attorney-in-Fact 06/12/2023

** 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.