FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
---------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response	. 0.5								

	ction 1(b).	ilue. See		Filed						es Exchangen es Exchangen es Exchange		934		hours	per response:	0.5
1. Name and Address of Reporting Person* Castelli Jeff (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD] 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2024							eck all app Direc X Office below	olicable) otor er (give title v)		Owner (specify
47 HULFISH STREET (Street) PRINCETON NJ 08542					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St		Zip)	<u> </u>	C	check this box atisfy the affir	x to indic	ate that a	a trans	ons of Rule 10	ade pursua 0b5-1(c). Se	ant to a co	tion 10.		ten plan that is in	tended to
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			ion 2A. Deemed Execution Date,		3. 4. Securitie		is Acquired (A) or Of (D) (Instr. 3, 4 a		or 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Transa	ction(s) 3 and 4)		(Instr. 4)	
Common Stock 01/04/2								F		3,127	D	\$13.4	4 37	2,805	D	
		Tal								osed of, o			y Owne	d		
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. Transac Code (I 8)	ction of Deriving Security (A) of Disp	urities uired or oosed	Expiration Date		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Date

Exercisable

Expiration Date

Explanation of Responses:

/s/ Christian Formica, Attorney-in-Fact

Title

Amount or Number

** Signature of Reporting Person Date

01/05/2024

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).

Code

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.

(A) (D)