FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name and Address of Reporting Person* Rosenberg Ellen (Last) (First) (Middle)				2. A	2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD] 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024								neck all appli Direct			10% Ow Other (s below)	vner		
(Street)	7 HULFISH STREET ttreet) RINCETON NJ 08542				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form t	ridual or Joint/Group Filing Form filed by One Report Form filed by More than Person			n	
(City)	(\$		(Zip)	Non-Deri	X	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. ative Securities Acquired, Disposed of, or Beneficially Owned												d to	
Date		2. Transac Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		(A) or	5. Amor Securiti Benefic Owned	Securities F Beneficially (Owned Following (n: Direct or Indirect instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(instr. 4)			
Common Stock			02/06/2024				M		400	A	\$5.16	36	3,054		D				
Common Stock			02/06/2024				S		400	D	\$13	36	7,654		D				
Common Stock			02/07/2024				M		29,600	A	\$5.16	39	7,254		D				
Common Stock			02/07/2024				S		29,600	D	\$13.000	5(1) 36	7,654		D				
Common Stock													15	5,000			By Spouse		
		-	Fable I								sposed of, , convertil			Owned		,		,	
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Executity or Exercise (Month/Day/Year) if a		if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr 8)				6. Date Exel Expiration I (Month/Day		ate	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Stock Options (right to buy)	\$5.16	02/06/2024			M			400	(2)		02/08/2026	Commor Stock	400	\$0.0	29,600		D		
Stock Options (right to buy)	\$5.16	02/07/2024			M			29,600	(2)	02/08/2026	Commor Stock	29,600	\$0.0	0		D		

Explanation of Responses:

1. This price is the weighted average price for the transactions reported on this line. The prices for the transactions reported on this line range from \$13.00 to \$13.01 inclusive. 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 within the range set forth in this footnote.

2. All of the options were fully vested and exercisable as of the transaction date.

Remarks

All transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 8, 2023.

/s/ Christian Formica, Attorneyin-Fact 02/08/2024

** 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.