FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 an	d Address of		2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u> 100 1101</u>	<u>18</u>															Direc	ctor		10% C	wner	
(Last)	(Fi	3 D	Date of Earliest Transaction (Month/Day/Year)									X		Officer (give title below)		Other (specify below)					
(Last)	`		04/11/2019									Chief Science Officer									
C/O AMICUS THERAPEUTICS, INC.							V -1 /11/2013														
1 CEDAR BROOK DRIVE																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)						4. II 7 illicitationi, bate of original Filed (Month bay Teal)									Line)						
(Street)																X Form filed by One Reporting Person					
CRANBURY NJ 08512														Form filed by More than One Reporting							
-					-											Person					
(City)	(SI	ate) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac										3. 4. Securities Acquired (A)								6. Owne		7. Nature	
				Date (Month/F	Day/Ves	ay/Year) Execution Date, if any (Month/Day/Year)				Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			3, 4 aı	nd	Securi Benefi			orm: Direct D) or Indirect	of Indirect Beneficial		
				(IMOTILITY)	Dayrice									Owned		l Following) (Instr. 4)	Ownership		
													(A) or Dei		Repor		ted action(s)			(Instr. 4)	
								Code	V	Amount		(D)	Price	•	(Instr. 3 and 4)						
Common Stock ⁽¹⁾ 04/11/									A		20,579	9	A \$0		458,847		D				
		To	blo II - F)orivot	ivo C	201	rition	Λοαιιί	rod D	iono	sed of,	or D	Popofi	المنم	· · ·	wood		,			
		ld									onvertib				y Ov	viieu					
1. Title of	2.	3. Transaction	3A. Deem		Code (Insti		tion of I			sable and	7. Title and			8. Price of Derivative Security		9. Number o		10. Ownership Form:	11. Nature of Indirect Beneficial		
Derivative Security	Conversion	Date (Month/Day/Year)	Execution Date, if any	Date,					Expiration Date (Month/Day/Year)			Amount of Securities					derivative Securities				
(Instr. 3)	or Exercise Price of	(Month/Day/Tear)	(Month/Da	ıy/Year)					(MOHUI)	Underlying			(Instr. 5)		Beneficially		Direct (D)	Ownership			
, ,	Derivative			, , ,		Acquired			Derivative					-4			Owned		direct	(Instr. 4)	
	Security						(A) or Disposed			Security (In: and 4)				str. 3			Following Reported		nstr. 4)		
							of (D) (Instr. 3, 4 and 5)						,				Transaction	(s)	5)		
																	(Instr. 4)				
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											Amour or		ount								
								D-4-		F		Nur	nber								
					Code	v	(A)		Date Exercisal		Expiration Date	Title	of Sha	res							

Explanation of Responses:

1. Granted in the form of Restricted Stock Units for the achievement of the 2017 PRSU clinical goal. Each Restricted Stock Unit represents a contingent right to receive one share of Amicus common stock. The Restricted Stock Units will vest on December 31, 2019, subject to the reporting person's continued service with the Company.

Remarks:

/s/Christian Formica, Attorney-<u>In-Fact</u> 04/15/2019

** 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.