FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Instruction 1(b)			Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	L		hours per respons	se: 0.5			
			or Section 30(h) of the Investment Company Act of 1940							
1. Name and Addr		ng Person [*]	2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD		ationship of Re < all applicable	Reporting Person(s) to Issuer ble)				
Crowley Joh	<u>III F</u>]	X	Director	10	0% Owner			
(Last)	(First)	(Middle)		X	Officer (give below)		other (specify elow)			
C/O AMICUS	· · /	. ,	3. Date of Earliest Transaction (Month/Day/Year) 05/01/2020							
1 CEDAR BRO	OOK DRIVE	1								
			4. If Amendment, Date of Original Filed (Month/Day/Year)		vidual or Joint	/Group Filing (Ch	neck Applicable			
(Street)				Line)			-			
CRANBURY	NJ	08512		X	Form filed t	by One Reporting	g Person			
P					Form filed b Person	by More than One	e Reporting			
(City)	(State)	(Zip)								
		Table I - Non-I	Derivative Securities Acquired, Disposed of, or Bene	ficially	v Owned					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ate Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
			Code V		Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	05/01/2020		S ⁽¹⁾		9,755	D	\$11.3243(2)	939,941	D	
Common Stock								64,895	Ι	By Trust

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 Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv	r osed) 7. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

2. 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 \$11.13 to \$11.56 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.

Remarks:

In addition to the reported transactions, Mr. Crowley also has approximately 1.58 million options outstanding and exercisable at various strike prices.

/s/ Christian Formica, Attorney-in-Fact

05/05/2020

** 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.