FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|------------------|------------|----------------|-------------|

| l | OMB APPRO | OVAL |
|---|------------------------|-----------|
| l | 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).

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* Gershkowitz Jayne | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD] | | | | | | | | | k all applic Directo | able) r | g Pers | ion(s) to Iss | Owner | |
|---|--|--|---|--------|-------------------------|--|--|--|--|---------------|------------------|---------------------|-----------------------------------|-----------------------------------|---|---|---|--|---|--|
| (Last) (First) (Middle) 1 CEDAR BROOK DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2014 | | | | | | | | | below) | Officer (give title below) VP, Patier | | Other (s below) Vocacy | specify | |
| (Street) CRANBURY NJ 08512 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Secui Bene | | ties F cially (Following (| | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code V | | | | · | Amount | (A) or (D) | | е | Transact | saction(s) r. 3 and 4) | | | ` | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\) | ate, T | 4. Transa Code (I | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | of Securities | | ies g Securi | [| 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amou or Numb of Share | er | | | | | | |
| Stock Options (right to buy) | \$2.45 | 01/03/2014 | | | A | | 45,000 | | (1) | 01 | 1/03/2024 | Common Stock | 45,00 | 00 | \$0.00 | 45,000 |) | D | | |

Explanation of Responses:

1. These options vest and become exercisable in a series of installments. The first installment, which consists of 25% of the total aggregate number of options granted, vests on January 3, 2015. The remaining

options vest and become exercisable in a series of thirty-five successive equal monthly installments, beginning on February 1, 2015, with the final installment vesting on January 1, 2016.

Remarks:

01/07/2014 /s/ Jayne Gershkowitz

** Signature of Reporting Person

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.