FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasinington,	D.C. 20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average bu	ırden								
- 1	l	0.5								

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* Prout Samantha (Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC.						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD] 3. Date of Earliest Transaction (Month/Day/Year) 11/04/2020								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Principal Accounting Officer					
(Street) CRANB		J tate)	08512 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)									Form to Person	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				action	ction 2A. Deemed Execution Date,			3. Trans Code	Transaction Disposed Of (D) (Instr. 3, 4 5)		or or	5. Amount of		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
				11/04	/2020	+			-	V	Amount	(D)			(Instr. 3	•		D		
					2020		M	-	<u> </u>	,		14.88	, , ,			D				
Common Stock 11/0-							M S ⁽¹⁾	-	594	<u> </u>		10.04		23,066		D				
Common Stock 11/04/						5 5,551				\$20 17,135 D										
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security 1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion Date (Month/Day/Year) 1. Transaction Date Execution Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) 4. Transaction Date (Month/Day/Year) 5. Conversion Date (Month/Day/Year) 6. Show the date of the				Transac Code (In	ansaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Securities (Instr. 3 and 4)			8. Price o Derivative Security (Instr. 5)		9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				,	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Sha							
Stock Options (right to buy)	\$14.88	11/04/2020			М			5,337	(2)	(3/26/2028	Commo Stock	ⁿ 5,3	337	\$0.00	2,940		D		
Stock Options (right to	\$10.04	11/04/2020			М			594	(3)		01/02/2029	Commo Stock	n 59	94	\$0.00	5,148		D		

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. As of November 4, 2020, 5,337 options were fully vested and exercisable and 2,940 remained unvested from this grant.
- 3. As of November 4, 2020, 594 options were fully vested and exercisable and 5,148 remained unvested from this grant.

Remarks:

/s/ Christian Formica, Attorney-in-Fact

11/06/2020

** 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.