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

J. ,	OMB APPR	OVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		
OTATION OF OTTATIONAL OWNERS IN	Estimated average burden			

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person*  Baird William D III  (Last) (First) (Middle)  1 CEDAR BROOK DRIVE						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [ FOLD ]									heck al	nship of Reporti I applicable) Director	10%	Owner
					3. Date of Earliest Transaction (Month/Day/Year) 04/10/2014											Officer (give title below)  Chief Fina	otner below uncial Officer	(specify )
(Street) CRANB (City)			08512 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) <mark>X</mark>	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
		Tab	le I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wned		
Date				2. Trans Date (Month/I		ur) E	A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Ad Disposed Of (D.				nd S B O	Amount of ecurities eneficially wned Following eported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A		(A) or (D)	Price	_   Tr	ransaction(s) nstr. 3 and 4)		(111501.4)	
Common stock			04/10	04/10/2014				A		100,00	00 A S		\$ <del>0</del> .	00	100,000	D		
		Ta	able II - I (								sed of, onvertib				y Owr	ned		
L. Title of Derivative Security Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Month/Day/Year)  3A. Deem Execution (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		ı of l		6. Date E Expiratio (Month/D	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)  Amou or Numb of		ount	8. Price Derivat Securit (Instr. 5	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

**Explanation of Responses:** 

Remarks:

/s/ William D. Baird, III 04/11/2014

\*\* 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.