FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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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*				2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Dentzer James E</u>					AMILOS THERAPEUTICS INC [FOLD]								Ι.		Direc	tor		10% O	wner	
					3. Date of Earliest Transaction (Month/Day/Year)											Officer (give title below)			Other (specify below)	
(Last)	(Fi	rst) (Middle)					st Trans	action (N	1onth/	Day/Year)						,	ncial O	,	
C/O AMICUS THERAPEUTICS INC.					04/01/2008									Chief Financial Officer						
6 CEDA1	R BROOK	DRIVE																		
0 CEDAR BROOK BRIVE				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(0)					"	,	criamicni	, Date o	Oligilia		i (ivioriai#De	ду/ 10	<i>.</i>		ine)	uui oi	Com a Croup	, i iii ig (oneon 7	ppilodbic
(Street)	IDIZ NI		00540												X	Form	filed by One	e Report	ing Pers	on
CRANBI	JRY N.) (08512													Form	filed by Mor	re than C	ne Rep	ortina
																Perso				
(City)	(S	tate) (Zip)																	
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			n/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and See Be Ow		Amount of ecurities eneficially wned Following		ership Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership			
								v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		ction(s)			(Instr. 4)		
Common Stock 04/0				04/01	04/01/2008						220(1))	D \$1		.49 36,035		6,035	I)	
		Та	ıble II - D													ned				
			(е	e.g., pu	uts, c	alls	s, warr	ants,	option	is, c	onvertib	oie s	securi	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (Instr.		n of		6. Date Exercisa Expiration Date (Month/Day/Year		е	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)			8. Price Deriva Securi (Instr. !	ivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	m: ect (D) ndirect	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nui of	ount mber ares						

Explanation of Responses:

1. In order to comply with the minimum statutory federal tax withholding rate of 25% plus 1.45% for Medicare, the reporting person surrendered a portion of the vested shares, representing 26.45% of the total value of the shares then vested, to the issuer in connection with its withholding obligations. The restricted stock award to which this disclosure applies vests in a series of monthly installments as outlined in the stock award agreement previously filed on 4/27/2007.

Remarks:

<u>/s/ James E. Dentzer</u> <u>04/02/2008</u>

** 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.