FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number: 3235-0287						
Estimated average burden						
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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

Name and Address of Reporting Person* Crowley John F				2. I <u>A</u>]	2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]							ationship o all applic Directo	,					
(Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC. 3675 MARKET STREET					3. Date of Earliest Transaction (Month/Day/Year) 04/15/2021							X	Officer (give title below) Chairman & CEO					
(Street) PHILAD (City)	DELPHIA P		19104 (Zip)		- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indiv Line) X	Form fi	al or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting ferson				
		Tab	le I - N	Non-Deri	vativ	e Securi	ities A	cquire	ed, D	isposed o	f, or B	enefic	ially	Owned				
Dat		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of Code (Instr.		s Acquired (A) or f (D) (Instr. 3, 4 and		5)	Beneficially Owned Follow		Form (D) or		7. Nature of Indirect Beneficial Ownership			
								v	Amount	(A) or (D)	Price		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			04/15/2	2021			M		22,000	A	\$6.	\$6.45 921,913 D					
Common	Stock			04/15/2	2021			S ⁽¹⁾		22,000	D	\$10.09	948(2)	899,913 D				
Common	Stock													64,895			I	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)	if any	emed ion Date, /Day/Year)	4. Transa Code (l 8)	Instr. of Der Sec (A) Dis of (Number rivative curities quired or sposed (D) (Instr. 4 and 5)	Expiration (Month/Day			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	8. Price of Derivative Security (Instr. 5) Beneficia Owned Following Reported Transacti (Instr. 4)		e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

\$6.45

- 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 \$10.00 to \$10.18 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.

Date

Exercisable

(3)

Expiration Date

02/15/2022

Title

Common

Stock

3. All of these options were fully vested and exercisable as of the transaction date.

04/15/2021

Stock Options

(right to buy)

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

Code

M

(A) (D)

22,000

/s/ Christian Formica, Attorney- 04/19/2021 in-Fact

** Signature of Reporting Person

Amount Number

Shares

22,000

\$0.00

20,557

D

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.