SEC For	m 4 FORM	4	UNIT	ED ST	ATES	S SE	CU	IRITI	ES A	ND	EXCHA	NGE	сом	IMIS	SION				
				Washington, D.C. 20549											OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					EMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									RSH	IIP	Estim	OMB Number: 3235-0287   Estimated average burden    hours per response: 0.5		
1. Name and Address of Reporting Person <sup>*</sup> Crowley John F						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>AMICUS THERAPEUTICS, INC.</u> [FOLD ]									all applic	able) r	10% Owr		
(Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC. 1 CEDAR BROOK DRIVE				)		3. Date of Earliest Transaction (Month/Day/Year) 11/02/2020								Х	Officer (give title below) Chairman &			Other (specify below) CEO	
(Street)					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Ind Line) X									vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				n
(City) (State) (Zip)																			
		Tak	ole I - I	Non-Deri	vativ	e Sec	curit	ies A	cquir	ed, D	isposed o	of, or B	enefic	cially	Owned				
1. Title of Security (Instr. 3) Date (Month/Day/					Exec if any	Deemed ution Date, / th/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficially Owned Foll		es ally following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ion(s)			(Instr. 4)
Common Stock 11/02/202					2020				М		23,975	Α	\$5	.96	864,888			D	
Common Stock 11/02/20					2020			<b>S</b> <sup>(1)</sup>			33,875	D \$17.8		678(2)	<sup>2)</sup> 831,013			D	
Common Stock															64,895			I	By Trust
		-	Table								posed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation D th/Day/		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		rity (li	erivative ecurity istr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date	isable	Expiration Date	Title	or Num of Shar						

Explanation of Responses:

\$5.96

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 \$17.62 to \$18.14 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.

(3)

23,975

3. All of these options were fully vested and exercisable as of November 2, 2020.

11/02/2020

**Remarks:** 

Stock Options

(right to buy)

In addition to the reported transactions, Mr. Crowley also has approximately 1.50 million options outstanding and exercisable at various strike prices.

Μ

## <u>/s/ Christian Formica, Attorney-</u> <u>in-Fact</u> \*\* Signature of Reporting Person Date

Common

Stock

23,975

**\$0.00** 

D

0

01/19/2021

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.