FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| vvasiliigion, | D.C. 20549 | |
|---------------|------------|--|
| | | |

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execut if any | (e.g., | ative | calls | | rants | 6. Dat | ions | | 7. Title of Secu | and Amounities ving ive Securi | ally O s) | | 9. Number derivative Securities Beneficial Owned Following | r of 1 | D. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---------------------------------|----------|---|---|--------|---|-----------------|--|-----------|------------------|--------------------------------------|--|--|---|--------|---|--|
| Common stock 05/08/2 Common stock 05/08/2 | | | | | | | M F | | 25,000 9,312 | A D | | \$10.8 | | 25,000 15,688 | | D D | | | |
| Date | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Amount (A) or (D) Price | | 7. 3, 4 and | d 5) Secu Bene Own Repo | | ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | Tab | le I - N | lon-Deri | vative | e Sec | uritie | s Ac | quire | ed, D | isposed c | of, or B | enefic | ially | Owned | | 1 | | |
| (City) | (S | ate) | (Zip) | | | | | | | | | | | | Person | | | | |
| (Street) CRANBURY NJ 08512 | | | | | 4. II Amendinent, Date of Original Flied (Month/Day/Teal) | | | | | | | | Line) | Form filed by One Reporting Person Form filed by More than One Reporting | | | | 1 | |
| 1 CEDAR BROOK DRIVE | | | | | 4 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Last) (First) (Middle) C/O AMICUS THERAPEUTICS | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2015 | | | | | | | | Λ | below) below) VP Finance and Controller | | | | |
| 1. Name and Address of Reporting Person* Quimi Daphne | | | | | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD] | | | | | | | | | all applic Directo | able) | ng Person(s) to Issi 10% Ov Other (s | | wner | |

Explanation of Responses:

1. Restricted stock units convert into common stock on a one-for-one basis.

05/08/2015

- 2. The sales of shares of common stock were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 10, 2014.
- 3. This price is the weighted average sale price for the transactions reported on this line. The prices for the transactions reported on this line range from \$10.72 to \$10.90. 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.

(4)

(4)

25,000

4. On April 10, 2014, the reporting person was granted 50,000 restricted stock units, vesting in equal installments of 25,000 restricted stock units on May 10, 2015 and 25,000 restricted stock units on December 3, 2015

Remarks:

Restricted

stock units

/s/ Daphne Quimi

stock

05/12/2015

25,000

D

** Signature of Reporting Person

25,000

\$0.00

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.