FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Crowley John F						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Crowley Joint F					lī	1									Direc	tor		10% Ov	vner		
(Last)	(Fir	st) (N	Middle	e)	_	1									Officer (give title below)			Other (s	specify		
C/O AMICUS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year)								Chairman & CEO							
3675 MARKET STREET					04/	04/22/2021															
36/5 MARKET STREET					1 1	A If Assess described Parks of Original Filed (Marsh/F. 24.									C. In dividual on Taint/One on Filing (Obsert A. 1.						
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
	БІ РИІ А Р	Δ 1	L 910 4	4	1									X Form filed by One Reporting Person					on		
PHILADELPHIA PA 19104														Form filed by More than One Reporting Person							
(City)	(Sta	ate) (2	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst	r. 3)		2. Transaction		2A. Deemed					4. Securities				5. Amount of				7. Nature		
Date (Month/Day/Ye				Execution Date		e, Transaction Code (Instr			Disposed Of (D) (Instr. 3, 4 ar		r. 3, 4 and	5) Securit Benefic			Form: (D) or) or	of Indirect Beneficial				
						(Month/Day/Yea		r) 8) `						Owned		d Following ted	Indire (Instr.		Ownership (Instr. 4)		
								Co	de	v	Amount	(A) or (D)	Price		Transa	saction(s) . 3 and 4)			(
Common Stock 04/22/202					1			S ⁽	(1)		7,683	D	\$10.00	88 ⁽²⁾	892,230			D			
Common	Stock													64,895			I	By Trust			
		Tal	ole II	I - Derivati	ve S	ecurit	ties Ac	aui	red	l. Dis	posed of	. or B	eneficia	ally C	Owne						
											converti										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, y nth/Day/Year)		Transaction of Code (Instr. Derivative				ate Exe iration nth/Day		Amo Secu Unde Deriv		Deri Sec (Ins	rice of vative urity tr. 5)	itive derivative Securities		0. Ownership Form: Direct (D) Or Indirect () (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A) (D)				Date Exer	e rcisable	or Nui Expiration of		Number of								

Explanation of Responses:

- $1. \ The sales \ reported in this Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$
- 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 \$10.035 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.

Remarks:

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

/s/ Christian Formica, 04/26/2021 Attorney-in-Fact

** 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.