FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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* Baird William D III (Last) (First) (Middle) 1 CEDAR BROOK DRIVE				<u>A</u> 3.	Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD] Date of Earliest Transaction (Month/Day/Year) 09/21/2015								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Financial Officer						
(Street) CRANB (City)		tate)	08512 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/							L	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Tran			2. Transact	action 2. E Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Se		4. Securities	Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 and			5. Amount of		Form	: Direct Indirect	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a		tion(s)	,		(Instr. 4)			
Common stock			09/21/2	/2015				M ⁽¹⁾		15,236	A	\$16.77	83 ⁽²⁾	71,	71,811		D		
Common stock		09/21/2	21/2015				S ⁽¹⁾		15,236	D	\$16.77	83(3)	56,	56,575		D			
		7	able	II - Deriva (e.g., ı	ative puts,	Secu calls	ritie , wa	s Acc	uired s, opt	l, Dis	sposed of , converti	, or Be	neficial curities	lly Own	ed				
1. Title of Derivative Security (Instr. 3) 2. Conversion of Exercise Price of Derivative Security		n Date e (Month/Day/Year) if		BA. Deemed Execution Date, If any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price Derivat Securit (Instr. !	rivative curity Str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er					
Stock Options (right to buy)	\$3.53	09/21/2015			M ⁽¹⁾			5,081	01/01/	/2017	01/28/2023	Commor stock	5,082	L \$0.0	0	38,259		D	
Stock Options (right to buy)	\$2.52	09/21/2015			M ⁽¹⁾			2,655	06/01/	/2017	06/18/2023	Commor stock	2,655	5 \$0.0	0	46,224		D	
Stock													1						

Explanation of Responses:

- 1. The exercise of stock options and subsequent sale of common stock were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 17, 2014.
- 2. This price is the weighted average purchase price for the transactions reported on this line. The prices for the transactions reported on this line range from \$15.72 to \$17.72. 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 purchased at each separate price.
- 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 \$15.72 to \$17.72. 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.

Remarks:

buy)

/s/ William D. Baird, III

** Signature of Reporting Person

09/22/2015

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.