FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID AFFINOVAL										
OMB Number:	3235-0287									
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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(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

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1. Name and Address of Reporting Person* <u>Campbell Bradley L</u>						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 47 HULI	(FI	rst) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/05/2024									Officer (give title below) Other (specify below) President and CEO					
(Street) PRINCE	·				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	lo I - I	Non Dori	vativ							. ,				<u> </u>				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					tion	on 2A. Deemed Execution Date,		3. 4. Se		4. Securities Disposed Of	Acquired	(A) or	5. Ar Secu Bene Own		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount (A) or (D) Pric		Price	Reported Transaction(s) (Instr. 3 and 4)		tion(s)			(Instr. 4)	
Common Stock 07/05/202						1		M		6,100	A	\$8.61	892,754		2,754	D				
Common Stock 07/05/202				.024	24			S		6,100	D	\$10.004	10.0048(1)		886,654		D			
		Т	able						•	,	sposed of	,		y Ov	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	(0 / 1	4. Transa Code (8)	action	5. Number of			Exerc	cisable and ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Dei	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							
Stock Options (right to	\$8.61	07/05/2024			М			6,100	(2	!)	01/02/2025	Commor Stock	6,100		\$0.0	37,500		D		

Explanation of Responses:

- 1. 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 \$10.02 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.
- 2. All of the options were fully vested and exercisable as of the transaction date.

Remarks:

All transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 23, 2023.

/s/ Christian Formica, 07/09/2024 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.