FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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1. Name ar		2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]									(Check all applicable) Director Officer (give to			10% Ow					
(Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC. 1 CEDAR BROOK DRIVE						Date of 0/09/20		iest Trar	nsaction	ı (Mon	th/Day/Year)		X	below)	Chief Scie	ence (below)	pecity	
(Street) CRANBURY NJ 08512					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person												n	
(City)	(5	State)	(Zip)												_				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N						n 2A. Deemed Execution Date,			3. Transa Code (ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amor Securit Benefic		ınt of es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
							(,			v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			10/09/2	2020	20			M		43,700	A	\$8.0	\$8.61		564,507		D	
Common Stock 10/09/20						20			М	П	75,000	A	\$12.	28	639	39,507		D	
Common Stock 10/09/202							20		M	П	75,000	A	\$9.	03	714	4,507		D	
Common Stock 10/09/202						20		S ⁽¹⁾		193,700	D	\$15.02	15.0298 ⁽²⁾		520,807		D		
			Table								sposed of,				wned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code 8)				6. Date Exe Expiration I (Month/Day			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	5. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er					
Stock Options (right to buy)	\$8.61	10/09/2020			M			43,700	(3)	01/02/2025	Common Stock	43,70	00	\$0.00	0		D	
Stock Options (right to buy)	\$12.28	10/09/2020			M			75,000	(3)	06/01/2025	Common Stock	ⁿ 75,00	00	\$0.00	0		D	
Stock Options (right to	\$9.03	10/09/2020			M			75,000		3)	01/04/2026	Common Stock	ⁿ 75,0	00	\$0.00	0		D	

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 \$15.00 to \$15.14 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. All of the options were fully vested and exercisable as of October 9, 2020.

Remarks:

/s/ Christian Formica, Attorneyin-Fact 10/13/2020

** 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.