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 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: 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* Barth Jay | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD] | | | | | | | | (Check | tionship of Reporting all applicable) Director Officer (give title | | g Person(s) to Issuer 10% Owner Other (specify | |
|--|--|--|-----------------------------|-----------------------------------|------------------------------|--|---|--|---------|--|------------------|---|-------------------------|---|---|---|---|--|
| | , | RAPEUTICS, IN | Middle) IC. | 1 | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2020 | | | | | | | | X | belov | w) `` | below lical Officer | |
| (Street) CRANBI (City) | JRY NJ | Г С | 0 <mark>8512</mark> Zip) | | 4. If | f Amen | dment, | Date | of Orig | jinal Fil | ed (Month/Da | | 5. Indivi ∟ine) X | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - N | Non-Deriv | ative/ | Sec | uritie | s Ac | quire | ed, Di | sposed o | f, or E | Benefic | ially (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution Date, | | , | | | | s Acquired (A) or of (D) (Instr. 3, 4 an | | 5) | Secur Benef Owne | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Price | | | Reported Transaction(s) (Instr. 3 and 4) | | | (11150.4) | |
| Common Stock 01/15/20 | | | | 020 | 20 | | | S ⁽¹⁾ | | 20,720 | D | \$10.34 | 455(2) | | 56,473 | D | | |
| Common | Stock | | | | | | | | | | | 20 | | | | | I | By Daughter |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, h/Day/Year) | 4. Transa Code (8) | (Instr. | of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | t r | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

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 \$9.90 to \$10.51 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:

/s/ Christian Formica, Attorney-in-Fact

01/17/2020

** 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.