FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	
------------------------	--

STATEMENT	OF CHANGES IN	I BENEFICIAL	OWNERSHIP
•	o. oo_o		• • • • • • • • • • • • • • • • • • • •

OMB APPR	OVAL						
OMB Number:	3235-0287						
Estimated average burden							
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 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]									all appli Directo	cable)	g Pers	son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC. 3675 MARKET STREET						Oate of /03/20		st Trar	nsaction	(Mon	ith/Day/Year)		X Onice (give title Other (specify below) Chairman & CEO					, ,	
(Street) PHILADELPHIA PA 19104						f Amen	ndment	t, Date	of Orig	inal Fi	iled (Month/D		3. Indiv .ine) X						
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N			ion	n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or n Disposed Of (D) (Instr. 3, 4 a		(A) or		5. Amou Securiti Benefic Owned	unt of es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 09/03/2					021	21			M		1,538	A	\$3.5	3 84		11,383		D	
Common Stock 09/					021				M		3,700	A	\$3.8	32	84	5,083		D	
Common Stock				09/03/2	2021				S ⁽¹⁾		5,238	D	\$12.01	.68 ⁽²⁾ 83		39,845		D	
Common Stock															64,895		I	By Trust	
		Т	able I								sposed of				wned				
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				Fransaction of Code (Instr. Der			Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect 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	09/03/2021			M			1,538	(3	3)	01/28/2023	Commor Stock	1,538	3	\$0.00	0		D	
Stock Options (right to buy)	\$3.82	09/03/2021			M			3,700	(3	3)	06/26/2024	Commor Stock	3,700	0	\$0.00	27,739)	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 \$12.00 to \$12.08 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 these options were fully vested and exercisable as of the transaction date.

Remarks:

/s/ Christian Formica, Attorney-in-Fact

09/08/2021

h.,

** 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.