FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to						
Section 16. Form 4 or Form 5						
obligations may continue. See						
Instruction 1(b).						

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* WHEELER CRAIG A					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)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									Officer below)	(give title		Other (s below)	pecify
47 HULFISH STREET				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) PRINCETON NJ 08542														Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Rı	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	le I - Nor	-Deriv	/ativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					ear)	Execution if any	A. Deemed xecution Date, any lonth/Day/Year)		3. Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar				es Fo ally (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		ice	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock ⁽¹⁾ 06/06				6/202	5/2024					11,84	17 A		60.0	64,217			D		
	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)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (l 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			s. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	i i ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amor or Num of Share	ber					
Stock Options (right to buy)	\$10.27	06/06/2024			A		42,467		(2)	C	06/06/2034	Common Stock	42,4	167	\$0.0	42,46	7	D	

Explanation of Responses:

- 1. Granted in the form of Restricted Stock Units ("RSUs"), these RSUs will vest in full on the one year anniversary of the grant date and shall be payable in common stock. One (1) RSU is the equivalent of one (1) share of Amicus common stock.
- 2. One hundred percent of the shares subject to this option will vest and become exercisable on the one year anniversary of the date of grant.

/s/ Christian Formica, Attorney-06/07/2024 in-Fact

** Signature of Reporting Person

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.