\square

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burde	en										
hours per response:	0.5										

1. Name and Address of Reporting Ferson		erson*	2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Crowley John F</u>				X	Director	10% Owner			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	x	Officer (give title below)	Other (specify below)			
			02/01/2008	President and CEO					
6 CEDAR BRO	OK DRIVE								
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filir	ng (Check Applicable			
CRANBURY	NJ	08512		X	Form filed by One Re	porting Person			
-					Form filed by More the Person	an One Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	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		Transaction(s) (Instr. 3 and 4)		(11301.4)
Common Stock	02/01/2008		S ⁽¹⁾		5,000	D	\$10	63,333	I	By John F. Crowley Grantor Retained Annuity Trust
Common Stock	02/01/2008		S ⁽²⁾		5,000	D	\$10	50,000 ⁽³⁾	I	By Aileen A. Crowley 2007 Grantor Retained Annuity Trust

	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 Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of		6. Date ExerciSable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Sales were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 13, 2007.

2. Sales were made pursuant to a Rule 10b5-1 trading plan adopted by the Aileen A. Crowley 2007 Grantor Retained Annuity Trust on August 13, 2007.

3. These shares are held by the Aileen A. Crowley 2007 Grantor Retained Annuity Trust. The reporting person disclaims beneficial ownership of the shares held by the Aileen A. Crowley 2007 Grantor Retained Annuity Trust, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of the shares for purposes of Section 16 or for any other purpose.

Remarks:

/s/ John F. Crowley

** Signature of Reporting Person

02/05/2008

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.