FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Patterson Matthew R | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD] | | | | | | | | | | ck all applic | able) r | g Pers | son(s) to Iss 10% Ov Other (s | /ner |
|---|---|--|--|----------------------------------|--|--|--------------------------------------|---------|--|---|-----------------|------------|--|--------------------|--|---|---|--------|---|---------------------------------------|
| | ` | RAPEUTICS, II | (Middle) NC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2007 | | | | | | | | | _ X | below) | Officer (give title below) Chief Oper | | below) | респу |
| (Street) CRANBURY NJ 08512 (City) (State) (Zip) | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | • | ole I - No | n-Deriv | vativ | e Se | curit | ties Ac | guire | d, Di | spose | ed o | of, or Be | enet | ficially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | saction | ction 2A. Deemed Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | le V | Amo | unt | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 08/1 | 5/200 | 7 | | | M | | 32 | 2,36 | 6 A | | \$0.638 | 64,3 | 366 ⁽¹⁾ | | D | |
| | | - | Table II - | | | | | | | | | | or Ber ble sec | | | Owned | | | | |
| 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. Transaction Code (Instr 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | nd | 7. Title a of Secur Underlyi Derivativ (Instr. 3 a | ties ng e Se | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expirat Date | tion | Title | or Nu of | umber | | | | | |
| Employee Stock Option (right to | \$0.638 | 08/15/2007 | | | M | | | 32,366 | (1 |) | 12/10/2 | 2014 | Common Stock | 64 | 4,547 | \$0.638 | 32,181 | L | D | |

Explanation of Responses:

1. These options vest and become exercisable in a series of installments. The first installment, which consisted of 25% of the total aggregate number of options granted vested on December 1, 2005. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments of 2,012 shares, beginning on January 1, 2006, with the final installment of 1,990 shares becoming exercisable on December 1, 2008.

Remarks:

/s/ Douglas A. Branch, 08/27/2007 Attorney-in-fact

** 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.