FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

0.5

hours per response:

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* Palling David | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD] | | | | | | | | | (Check | all app Dired | olicable) | ng Person(s) to Is 10% C | |)wner | |
|---|---|---------------------------------|------------------|----------------|------------|--|-------|-----------------------------------|---------|------------------------------------|------------------|---|-----|---|---|------------------------|--|---|---|----------------------------------|--|
| (Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC. 6 CEDAR BROOK DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2008 | | | | | | | | | | X | below) Senior VP, Drug Dev | | | Other (specify below) evelopment | |
| (Street) CRANBU | | J tate) | 08512 (Zip) | | _ 4. li | I. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indiv Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on |
| (City) | | | | n-Deriv | vative | Se | curit | ies | Acα | wired | Disi | nosed o | f o | r Re | nefic | ially | Own | -d | | | |
| 1. Title of Security (Instr. 3) | | | 2. Trans | 2. Transaction | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | | | | | or | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | ce | Trans | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | 02/2 | 02/28/2008 | | | | | | | 500 | D | | \$1 | 310.46 | | 5,366 | D | | |
| Common Stock | | | | 02/2 | 02/28/2008 | | | | S | | 561 | | D | \$1 | 0.47 | 44,805 | | D | | | |
| Common Stock | | | | 02/2 | 02/28/2008 | | | | S | | 200 | | D | \$1 | 0.49 | 44,605 | | D | | | |
| Common Stock | | | | 02/2 | 02/28/2008 | | | | S | | 139 | | D | \$ | 10.5 | 44,466 | | D | | | |
| Common Stock | | | | 02/2 | 02/28/2008 | | | | S | | 900 | | D | \$1 | 0.53 | 43,566 | | D | | | |
| Common Stock | | | | 02/2 |)2/28/2008 | | | | S | | 100 | | D | \$1 | 0.54 | 43,466 | | D | | | |
| Common Stock | | | | 02/2 | 02/28/2008 | | | | | S | | 100 | | D | \$1 | 0.55 | 43,366 | | D | | |
| | | | Table II - | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Execution (Year) | | Code 8) | Transaction of Code (Instr. Der | | | ve es d | 6. Date E Expiratio (Month/D | n Date ay/Yea | e Amo Sect Und Deri Sect and | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | Derri Sec (Ins: | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

/s/David Palling 02/29/2008

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).