FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

OMB APPROVAL									
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# 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

1. Name and Address of Reporting Person*  Valenzano Ken					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) (First) (Middle)  1 CEDAR BROOK DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 07/13/2015									helow)	Officer (give title below) Other below)  SVP, Pharmacology & Biolo			`	
(Street) CRANBURY NJ 08512 (City) (State) (Zip)					=   4. If =	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) X Form t Form t	vidual or Joint/Group Filing  Form filed by One Rep  Form filed by More that  Person			porting Person	
(City)	(5		(Zip) 	n-Deriv	/ative	Sec	curiti	ies Ad	cauired.	Dis	nosed o	of. or F	ene	ficial	ly Owned	1				
1. Title of Security (Instr. 3) 2. Tra			2. Trans	action 2A. Exec		2A. Deemed Execution Date, f any (Month/Day/Year)		3. Transa Code (I	3. 4. Sec Transaction Dispo Code (Instr. 5)			curities Acquired (A) osed Of (D) (Instr. 3, 4			nt of es ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (D	or	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(111341.4)	
Common stock			07/1	.3/2015				M <sup>(1)</sup>		9,50	0	4	\$15	37	7,187		D			
Common stock			07/1	07/13/2015				S <sup>(1)</sup>		9,50	9,500		\$15	27	7,687		D			
Common stock			07/1	07/13/2015				<b>M</b> <sup>(1)</sup>		2,50	0	4	\$15 3		,187		D			
Common stock				07/13/2015		5			S <sup>(1)</sup>		2,50	0	)	\$15	27	,687		D		
Common stock				07/1	07/13/2015				<b>M</b> <sup>(1)</sup>		3,00	0 .	4	\$15	30	30,687		D		
Common stock 0			07/1	3/2015				S <sup>(1)</sup>		3,00	0	)	\$15	27	27,687		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)	Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any			ed Date,	4. Transa	nsaction of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		umber vative urities uired or oosed o) tr. 3, 4	6. Date Exe Expiration (Month/Day	ercisa Date	tble and 7. Title and Amount of		and of es ing ve Se	curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nu of	ımber						
Stock Options (right to buy)	\$5.325	07/13/2015			M <sup>(1)</sup>			9,500	02/01/2010	0	2/28/2016	Commo Stock	n 9	,500	\$0.00	0		D		
Stock Options (right to buy)	\$4.16	07/13/2015			M <sup>(1)</sup>			2,500	11/01/2013	3 1	1/16/2019	Commo Stock	n 2	,500	\$0.00	20,000	)	D		
Stock Options (right to buy)	\$4.38	07/13/2015			M <sup>(1)</sup>			3,000	06/01/2016	5 0	6/04/2022	Commo Stock	n 3	,000	\$0.00	24,000	)	D		

### **Explanation of Responses:**

1. The exercise of stock options and subsequent sale of common stock were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 21, 2015.

### Remarks:

/s/ Ken Valenzano

07/15/2015

\*\* 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.