FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPR	OVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
-	hours per recogness:	0.5							

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* RAAB MICHAEL						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]										ck all appli	cable)	g Pers	son(s) to Iss 10% Ov			
	ICUS THE	RAPEUTICS, IN	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021 Officer (give title below) below) Other (spe below)												specify				
3675 MARKET STREET							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X							
PHILADELPHIA PA 19104					_											Form filed by More than One Reporting Person						
(City)	(Si	ate) ((Zip)																			
		Tab	le I - Nor	า-Deriv	/ative	Sec	curit	ies Ac	quir	ed, D	isp	osed c	of, or Be	enefic	ially	Owned	I					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			, Transaction Disposed Code (Instr. 5)			rities Acquired (A) or d Of (D) (Instr. 3, 4 and			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)			
									C	ode V	,	Amount	(A) o (D)	r Pri	ce	Transact (Instr. 3	tion(s)			(111301.4)		
Common Stock 05/18/3						/2021				M		5,634	,634 A \$		7.56	26,634			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. Deeme Execution if any (Month/Day	Date,		Transaction Code (Instr.		umber ivative urities uired or oosed O) tr. 3, 4	6. Date Exercisabl Expiration Date (Month/Day/Year)			Amount of		of s ig e Secui		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable		epiration	Title	Amo or Num of Shar	ber							
Stock Options (right to	\$7.56	05/18/2021			M			5,634	((1)	05	5/24/2021	Common Stock	5,6	34	\$0.00	0		D			

Explanation of Responses:

1. All of the options were fully vested and exercisable as of the transaction date.

Remarks:

Christian Formica, Attorney-

in-Fact

05/20/2021

** 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.