FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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*						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Dentzer James E</u>					A1	AMICOS THERAFEUTICS INC [FOLD]										Direc	tor		10% O	wner
															X Office below		er (give title w)		Other (specify below)	
(Last)	(F	irst) ((Middle)		3. Date of Earliest Transaction (Month/Day/Year)												, Chief Fina		,	
C/O AMICUS THERAPEUTICS, INC.					08/	08/01/2009											Ciliei Filiai	iiciai Oii	icei	
6 CEDAR BROOK DRIVE																				
O CEDAR BROOK BRIVE				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(0)					. "	4. II Amendment, Date of Original Filed (Month/Day/ feat)									Line)					
(Street)	IIDXI X		20542												X	Form	n filed by One	e Reportin	g Pers	on
CRANBI	URY N	J (08512													Form	n filed by Mor	re than On	e Rep	ortina
					-											Pers				9
(City)	(5	itate) (Zip)																	
		Tab	le I - Non	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally O)wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				h/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dis		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Se		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount		(A) or (D)	Price	, lī	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 08/01/					L/2009	,					220(1))	D \$11		39 32,515		D			
		Та	able II - D													ned				
			(6	e.g., pı	uts, c	alls	s, warı	ants,	option	ıs, c	onvertib	ole s	securi	ties)						
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/Da	Date, Transactio					6. Date Exercisa Expiration Date (Month/Day/Yea		е	Am Sec Un Dec	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		8. Prio Deriva Secur (Instr.	vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)	Date Exercisa		Expiration Date	Titl	or Nu of	nount mber ares						

Explanation of Responses:

1. In order to comply with the minimum statutory federal tax withholding rate of 25% plus 1.45% for Medicare, the reporting person surrendered a portion of the vested shares, representing 26.45% of the total value of the shares then vested, to the issuer in connection with its withholding obligations. The restricted stock award to which this disclosure applies vests in a series of monthly installments as outlined in the stock award agreement previously filed on 4/27/2007.

Remarks:

/s/ James E. Dentzer 08/03/2009

** 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.