Check this box if no longer subject to obligations may continue. See instruction 1(b).   STATEINIENT OF CHANGES IN DENEFFICIAL OWNERSTIFF     Estimated average burden hours per response:   Estimated average burden hours per response:     1. Name and Address of Reporting Person* Campbell Bradley L (Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC.   2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC.   5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specific below) Elow)     C/O AMICUS THERAPEUTICS, INC.   3. Date of Earliest Transaction (Month/Day/Year) (9/28/2020   6. Individual or Joint/Group Filing (Check Applicable) X Filed by One Reporting Person Science (Give the Delow)     (Street) (City) (State) (Zip)   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicat Line)     (City) (State) (Zip)   2. Transaction Date (Month/Day/Year)   8. Securities Acquired, Disposed of, or Beneficially Owned     1. Title of Security (Instr. 3)   2. Transaction Date (Month/Day/Year)   3. Account of Science (Instr. 3)   6. Ownership Transaction Date (Month/Day/Year)   5. Amount of Science (Instr. 3)   6. Ownership Transaction Date (Month/Day/Year)   6. Ownership Transaction Date (Instr. 3)	SEC Form 4															
Check this box if no longer subject to obligations may continue. See instruction 1(b).   STATEINENT OF CHANGES IN BENEFICIAL OWNERSHIP     State instruction 1(b).   STATEINENT OF CHANGES IN BENEFICIAL OWNERSHIP     State instruction 1(b).   STATEINENT OF CHANGES IN BENEFICIAL OWNERSHIP     State instruction 1(b).   Filed pursuant to Section 16(a) of the investment Company Act of 1934     1. Name and Address of Reporting Person*   2. Issuer Name and Ticker or Trading Symbol     AMICUS THERAPEUTICS, INC.   AMICUS THERAPEUTICS, INC.     (Last)   (First)     (Kirst)   (Middle)     C/O AMICUS THERAPEUTICS, INC.   3. Date of Earliest Transaction (Month/Day/Year)     (Street)   4. If Amendment, Date of Original Filed (Month/Day/Year)     (Street)   6. Individual or Joint/Group Filing (Check Applicat Line)     (City)   (State)   (Zip)     Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   5. Amount of Security (Instr. 3)     2. Transaction Date (Month/Day/Year)   6. Amount of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)     5. Amount of Beneficially   6. Ownership Form. Direct Beneficially	FOR	UNIT														
A MICUS THERAPEUTICS, INC. [FOLD]   (Check all applicable)   Check all applicable)   Check all applicable)     MICUS THERAPEUTICS, INC.   MICUS THERAPEUTICS, INC.   10% Owner     (Last)   (First)   (Middle)     C/O AMICUS THERAPEUTICS, INC.   3. Date of Earliest Transaction (Month/Day/Year)   Chief Operating Officer     1 CEDAR BROOK DRIVE   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicat Line)     (Street)   CRANBURY   NJ   08512     (City)   (State)   (Zip)   Form filed by One Reporting Person Form filed by More than One Reporting Person Form filed by More than One Reporting Person     Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   5. Amount of Securities Grupper (A) or Date form: Direct I if any     1. Title of Security (Instr. 3)   2. Transaction Date for any   3. Transaction Date for any   4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)   5. Amount of Securities Beneficially   6. Ownership Form: Direct I of the Beneficially	Section 16. Form 4 or Form 5 obligations may continue. See				d pursuant to Section 16(a) of the Securities Exchange Act of 1934						RSH		Estimated average burden			
(Last)   (First)   (Middle)     C/O AMICUS THERAPEUTICS, INC.   3. Date of Earliest Transaction (Month/Day/Year)   A below)   below)   Chief Operating Officer     1 CEDAR BROOK DRIVE   4. If Amendment, Date of Original Filed (Month/Day/Year)   6. Individual or Joint/Group Filing (Check Applicat Line)     (Street)   CRANBURY   NJ   08512     (City)   (State)   (Zip)   Form filed by One Reporting Person Form filed by More than One Reporting Person     Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   5. Amount of Beneficially   6. Ownership Form: Direct (Nonth/Day/Year)     1. Title of Security (Instr. 3)   2. Transaction Date (Month/Day/Year)   3. 2. Transaction Date (Month/Day/Year)   3. 2. Transaction Date (Month/Day/Year)   4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)   5. Amount of Securities Beneficially   6. Ownership Form: Direct (D) or Indirect   7. Na Or Indirect											(Check X	all applicable Director	10% Owner			
(Street) CRANBURY NJ 08512   Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person     (City)   (State)   (Zip)     Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned     1. Title of Security (Instr. 3)   2. Transaction Date (Month/Day/Year)   2A. Deemed Execution Date, if any   3. Transaction Code (Instr.   4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)   5. Amount of Securities Eventicially   6. Ownership Form: Direct (D) or Indirect   7. Na of Inc.	C/O AMICUS THERAPEUTICS, INC.										below) below)					
1. Title of Security (Instr. 3)   2. Transaction Date (Month/Day/Year)   2. Transaction Date (Month/Day/Year)   3.   4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)   5. Amount of Securities Form: Direct of Inc   6. Ownership of Instr. 3	CRANBURY NJ 08512			4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Form filed by One Reporting Person Form filed by More than One Reporting					
Date (Month/Day/Year) Execution Date, if any Transaction Code (Instr. Disposed Of (D) (Instr. 3, 4 and 5) Securities Beneficially Form: Direct of Inc		٦	Table I - I	Non-Deriva	ative	Securities A	cquire	d, D	isposed o	f, or B	enefi	cially (	Owned			
(instr	Date			Date	Execution Date,		Transaction Code (Instr. 8)					nd 5) Securities Beneficially Owned Fol Reported		wing (I)	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)

м

**S**(1)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

6. Date Exercisable and

24,782

24,782

A

D

7. Title and Amount

\$2.52

\$13.8893(2)

363,546

338,764

9. Number of

derivative Securities

Beneficially

Reported Transaction(s)

Owned Following

8. Price of

Derivative

Security (Instr. 5)

D

D

10.

Form: Direct (D)

Ownership

or Indirect (I) (Instr. 4)

11. Nature

of Indirect

Beneficial

Ownership

(Instr. 4)

of Securities Underlying Derivative Security Date (Month/Day/Year) Expiration Date (Month/Day/Year) of Derivative or Exercise Code (Instr. 8) if any (Month/Day/Year) Price of Derivative Security Securities Acquired (A) or (Instr. 3 and 4) Disposed of (D) (Instr 3, 4 and 5)

Transaction

5. Number

09/28/2020

09/28/2020

3A. Deemed

Execution Date,

(Instr. 4) Amount or Number Date Expiration Date of Code v (A) (D) Exercisable Title Shares Stock Option \$2.52 09/28/2020 (3) 06/18/2023 24,782 \$0.00 60,218 D Μ 24,782 (right to Stock buy)

Explanation of Responses:

**Common Stock** 

Common Stock

2.

Conversion

1. Title of

Derivative

Security (Instr. 3)

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.

2. This price is the weighted average price for the transactions reported on this line. The prices for the transactions reported on this line range from \$13.69 to \$14.01 inclusive. The reporting person undertakes to provide, upon request, by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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

3. Transaction

**Remarks:** 

/s/ Christian Formica, Attorney-09/30/2020 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.