FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Crowley John F						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]										all app	or 10% Owner		wner		
(Last)	(Fi	est) (M	Middle	e)												Officer (give title below)			below)	specify	
C/O AMICUS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2020									Chairman & CEO						
1 CEDAR BROOK DRIVE					4 15											Coloridad as Island Consum Filters (Obserts A. II. II.					
(Street)					4. 11 /	If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)					
CRANB	URY NJ	0	8512	2											X		filed by Mor		Ü		
(City)	(91	ate) (2	Zip)												Form filed by More than One Reporting Person					orung	
(City)	(31														<u> </u>						
				lon-Deriva				_		ed, L	_		-		ially				1		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ear) E	ar) 2A. Deemed Execution D if any (Month/Day/			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				d 5) Secur Benef		icially d Following	Form (D) o	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								•	Code	Code V		nount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(IIISti	1. 4)	(50. 4)	
Common Stock 12/01/2020					.0)					1	7,500	D	\$22.77	7702(2)		823,513		D		
Common Stock															64,895			I	By Trust		
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)	Exec if an	Deemed cution Date, y nth/Day/Year)	4. Transa Code 8)	action (Instr.			Exp (Mo	piration	xercisable and n Date ay/Year)		Amo Secu Unde Deriv	le and unt of rities erlying rative rity (Instr. 1 4)	Der Sec (Ins	ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)			Date) Exercisab			Expiration Date	ı Title	Amount or Number of Shares	per						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected 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 \$22.57 to \$23.27 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.

Remarks:

In addition to the reported transactions, Mr. Crowley also has approximately 1.51 million options outstanding and exercisable at various strike prices.

/s/ Christian Formica, 12/02/2020 Attorney-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.