FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C.	20549
---------------	------	-------

STATEMENT	OF (CHANC	GES IN	I BEN	IEFICI	AL (OWN	ERS	HР

OMB APPROVAL									
OMB Number:	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* RAAB MICHAEL						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD]									all appli Directo	cable) or	g Pers	son(s) to Iss 10% Ov	vner
(Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2020									Officer (give title below)		Other (speci below)		specify
1 CEDAR BROOK DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicabline)					plicable
(Street)	LIDY N	Ŧ .	00540											X	Form filed by One Reporting Person				n
CRANB	URY N	J	08512		_										Form filed by More than One Reporting Person				rting
(City)	(S	tate)	(Zip)																
		Tab	le I - I	Non-Deri	vative	Sec	urit	ies A	cquired	l, D	isposed (of, or B	enefi	cially	Owned	t			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Da			e, Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5)	5. Amount of Securities Beneficially Owned Following		Forn (D) o	n: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership	
											Amount	(A) or (D) Price			Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 06/01/202					020	20			М		5,000	A	\$2	.81	20,145			D	
Common Stock 06/01/202					020	20		S ⁽¹⁾		5,000	D	\$12.6	612.6521 ⁽²⁾		15,145		D		
		Т	able								sposed of , converti				wned				,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amo or Num of Shar	ber					
Stock Options (right to buy)	\$2.81	06/01/2020			М			5,000	(3)		06/15/2020	Commo Stock	n 5,0	00	\$0.00	0		D	

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 \$12.33 to \$12.89 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 June 1, 2020.

Remarks:

Christian Formica, Attorneyin-Fact ** Signature of Reporting Person

06/03/2020

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.