## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

eck this box if no longer subject to
ction 16. Form 4 or Form 5
igations may continue. See

1. Name and Address of Reporting Person\*

**FUND LTD** 

PERCEPTIVE LIFE SCIENCES MASTER

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden r response: 0.5

 $Footnotes^{(1)(2)}$ 

Footnotes(1)(2)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	ions may contintion 1(b).	nue. See		Fil								urities Exchan Company Act		of 1934			hours per	respons	se: 0
1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC					Issuer Name and Ticker or Trading Symbol     5.										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner				
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 12/28/2016									Officer (give title Other (sp below) below)				Other (specify pelow)	
(Street) NEW YORK NY 10003			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     X Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Pers	son			
		Tab	le I -	Non-Deri	vativ	e Se	cu	rities	Acqu	uire	ed, C	Disposed o	of, or E	3enefi	cially Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			Exe //Year)   if a		A. Deemed kecution Date, any lonth/Day/Year)		Co	Transaction Code (Instr.		4. Securities Disposed Of 5)	Acquired (A) or (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)		
									Co	de	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an				
Common	Stock			12/28/2	016				P	•		47,375	A	\$4.91	16,199	,097	1	I	See Footnotes <sup>(1</sup>
Common Stock			12/29/2016				P	)		94,750	A	\$4.85	16,293	16,293,847		847 I			
		Т	able I									posed of, , convertib			ally Owned s)		·		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		actior (Instr			ve (fes	6. Date Exe Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securi Benefi Owned Follow Report Transa (Instr.	tive ties cially ing ed ction(s)	10. Owner Form: Direct or Ind (I) (Ins	(D) Benefici Owners irect (Instr. 4)
					Code	v		(A) (E		ate xer	cisabl	Expiration Date	Title	Amoun or Numbe of Shares	er				
		Reporting Person <sup>*</sup> ADVISORS I																	
(Last) 51 ASTO	OR PLACE,	(First) 10TH FLOOR	,	Middle)															
(Street) NEW Y	ORK	NY	1	10003															
(City)		(State)	(	Zip)															
	nd Address of	Reporting Person <sup>*</sup>	*																
		(First) ADVISORS LL , 10TH FLOOR	.C	Middle)															
(Street) NEW YO	ORK	NY	1	10003															
(City)		(State)	(	Zip)															

(Last)	(First)	(Middle)						
C/O PERCEPTIVE ADVISORS LLC								
51 ASTOR PLACE, 10TH FLOOR								
(Street)								
NEW YORK	NY	10003						
,								
(City)	(State)	(Zip)						

### **Explanation of Responses:**

1. This Form 4 is being filed by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"), Perceptive Advisors LLC (the "Advisor") and Joseph Edelman. The Advisor serves as the investment manager of the Master Fund. Mr. Edelman is the managing member of the Advisor.

2. This amount reflects the amount of securities held by the Master Fund immediately following the transaction requiring the filing of this statement. In accordance with Instruction 5(b)(iv) of Form 4, the entire amount of the Issuer's securities held by Master Fund is reported herein. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

/s/ Joseph Edelman, managing member of Perceptive Advisors 12/30/2016 LLC

\*\* Signature of Reporting Person Date

Doto

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.

## **Information Regarding Joint Filers**

Designated Filer of Form 4: Perceptive Advisors LLC

Date of Earliest Transaction Required to be Reported: December 28, 2016

Issuer Name and Ticker Symbol: Amicus Therapeutics, Inc. [FOLD]

Names: Perceptive Life Sciences Master Fund Ltd. and Joseph Edelman

Address: Perceptive Advisors LLC

51 Astor Place, 10th Floor New York, NY 10003

#### Signatures:

The undersigned, Perceptive Life Sciences Master Fund Ltd. and Joseph Edelman, are jointly filing the attached Statement of Changes in Beneficial Ownership of Securities on Form 4 with Perceptive Advisors LLC with respect to the beneficial ownership of securities of Amicus Therapeutics, Inc.

## PERCEPTIVE LIFE SCIENCES MASTER FUND LTD.

By: Perceptive Advisors LLC, its investment manager

By: /s/ Joseph Edelman

Joseph Edelman, managing member

JOSEPH EDELMAN

By: <u>/s/ Joseph Edelman</u> Joseph Edelman