FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549	

STATEMENT	OF	<b>CHANGES</b>	IN	<b>BENEFICIAL</b>	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
houre per reenonee.	0.5								

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*  Crowley John F  (Last) (First) (Middle)  47 HULFISH STREET					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol <u>AMICUS THERAPEUTICS, INC.</u> [ FOLD ]      3. Date of Earliest Transaction (Month/Day/Year)     01/02/2024							(Che	Relationship of Reporting Person(s) to Issuer Check all applicable)  X Director 10% Owner  X Officer (give title Other (specify below)  Executive Chairman				
(Street) PRINCE (City)		J state)	08542 (Zip)		_				f Original F				Line	Form fil	ed by One	Repor	(Check App rting Persor One Repor	.
Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Tr		2. Trai	nsactio	nsaction 2A. Dee Execution (Month/I		ed Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) or	or 5. Amount of		Form:	Direct Indirect Beatr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a				, ,
Common Stock <sup>(1)</sup> 01/02					02/202	2024		A		144,628		\$0.0	1,056,948			D		
Common Stock 01/03/					03/202	/2024		F		108,417		D \$13.53		3 948,531		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)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code ( 8)		Derivative		6. Date Exercis. Expiration Date (Month/Day/Yea		of Securitie		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v			Date Exercisabl		expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Stock Options (right to buy)	\$14.24	01/02/2024			A		249,665		(2)	0	01/02/2034	Common Stock	249,665	\$0.0	249,66	65	D	

## **Explanation of Responses:**

- 1. Granted in the form of Restricted Stock Units ("RSUs"), these RSUs will vest in full on the one year anniversary of the grant date and shall be payable in common stock. One (1) RSU is the equivalent of one (1)
- 2. One hundred percent of the shares subject to this option will vest and become exercisable on the one year anniversary of the date of grant.

## Remarks:

The above grants were made pursuant to the employment contract between Mr. Crowley and Amicus, dated August 1, 2022.

/s/ Christian Formica, Attorney-01/04/2024 in-Fact

\*\* Signature of Reporting Person

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.