The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB 3235-Number: 0076

Estimated average

burden

hours per response:

4.00

1. Issuer's Identity

CIK (Filer ID Number)

Previous X None

Entity Type

0001178879

Name of Issuer

AMICUS THERAPEUTICS INC

Jurisdiction of

Incorporation/Organization

DELAWARE

X Corporation

Limited Partnership

General Partnership

Limited Liability Company

Business Trust
Other (Specify)

Year of Incorporation/Organization

X Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

AMICUS THERAPEUTICS INC

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode Phone Number of Issuer

Cranbury NEW JERSEY 08057 609-662-2000

3. Related Persons

Last Name First Name Middle Name

Crowley John

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

F

Cranbury NEW JERSEY 08057

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Chairman and Chief Executive Officer

Last Name First Name Middle Name

Patterson Matthew R

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

Cranbury NEW JERSEY 08512

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary): **Last Name First Name** Middle Name Lockhart David **Street Address 1 Street Address 2** 6 Cedar Brook Drive City State/Province/Country ZIP/PostalCode Cranbury **NEW JERSEY** 08512 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name Boudes** Pol F **Street Address 2 Street Address 1** 6 Cedar Brook Drive City State/Province/Country ZIP/PostalCode Cranbury **NEW JERSEY** 08512 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name** First Name **Middle Name** Gilmore Geoffrey P **Street Address 1 Street Address 2** 6 Cedar Brook Drive City **State/Province/Country** ZIP/PostalCode Cranbury **NEW JERSEY** 08512 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Schaeffer S Nicole **Street Address 1 Street Address 2** 6 Cedar Brook Drive ZIP/PostalCode State/Province/Country City **NEW JERSEY** Cranbury 08512 **Relationship:** X Executive Officer Director Promoter Clarification of Response (if Necessary): **Last Name First Name** Middle Name Campbell **Bradley** L **Street Address 1 Street Address 2**

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

NEW JERSEY 08512 Cranbury

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Kirk R John

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

08512

J

Cranbury NEW JERSEY

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Valenzano Ken

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

Cranbury NEW JERSEY 08512

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Barrett James

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

Cranbury NEW JERSEY 08512

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Barer Sol

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

Cranbury NEW JERSEY 08512

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Barkas Alexander E

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

Cranbury NEW JERSEY 08512

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name First Name Middle Name

Hayden Donald J

Street Address 1 Street Address 2

6 Cedar Brook Drive

City State/Province/Country ZIP/PostalCode

Cranbury NEW JERSEY 08512

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

First Name Middle Name **Last Name** G McGlynn Margaret **Street Address 1 Street Address 2** 6 Cedar Brook Drive **State/Province/Country** ZIP/PostalCode City Cranbury **NEW JERSEY** 08512 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name** First Name Middle Name P Neff Sherrill **Street Address 1 Street Address 2** 6 Cedar Brook Drive State/Province/Country ZIP/PostalCode City Cranbury **NEW JERSEY** 08512 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name** Raab Michael G **Street Address 1** Street Address 2 6 Cedar Brook Drive ZIP/PostalCode City **State/Province/Country NEW JERSEY** Cranbury 08512 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name Middle Name First Name** P Sblendorio Glenn **Street Address 1 Street Address 2** 6 Cedar Brook Drive State/Province/Country ZIP/PostalCode City Cranbury **NEW JERSEY** 08512 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): **Last Name First Name Middle Name Topper** N **James Street Address 2 Street Address 1** 6 Cedar Brook Drive City State/Province/Country ZIP/PostalCode **NEW JERSEY** Cranbury 08512 **Relationship:** Executive Officer X Director Promoter Clarification of Response (if Necessary): 4. Industry Group Agriculture Health Care Retailing Banking & Financial Services X Biotechnology

Restaurants

Technology

Health Insurance

Commercial Banking

Insurance

Investing
Investment Banking
Pooled Investment Fund
Is the issuer registered as an investment company under the Investment Company
Act of 1940?
Yes No
Other Banking & Financial Services

Other Banking & Financial Services Business Services Energy

Coal Mining
Electric Utilities
Energy Conservation
Environmental Services
Oil & Gas
Other Energy

Hospitals & Physicians Computers

Pharmaceuticals Telecommunications
Other Health Care Other Technology

Manufacturing Travel

Real Estate Airlines & Airports

Commercial Lodging & Conventions

Construction Tourism & Travel Services

REITS & Finance Other Travel

Residential Other

Other Real Estate

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
X \$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)				
	Section 3(c)(1)	Section 3(c)(9)		
	Section 3(c)(2)	Section 3(c)(10)		
	Section 3(c)(3)	Section 3(c)(11)		
	Section 3(c)(4)	Section 3(c)(12)		
	Section 3(c)(5)	Section 3(c)(13)		
	Section 3(c)(6)	Section 3(c)(14)		
	Section 3(c)(7)			

7. Type of Filing

X New Notice Date of First Sale 2010-10-28 First Sale Yet to Occur Amendment

8. Duration of Offering

9. Type(s) of Securities Offered (select all that apply) **Pooled Investment Fund Interests** X Equity Debt Tenant-in-Common Securities Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities Security to be Acquired Upon Exercise of Option, Warrant or Other (describe) Other Right to Acquire Security 10. Business Combination Transaction Is this offering being made in connection with a business combination transaction, such as Yes X No a merger, acquisition or exchange offer? Clarification of Response (if Necessary): 11. Minimum Investment Minimum investment accepted from any outside investor \$31,284,583 USD 12. Sales Compensation Recipient Recipient CRD Number X None (Associated) Broker or Dealer X None (Associated) Broker or Dealer CRD Number X None **Street Address 1** Street Address 2 ZIP/Postal Code City State/Province/Country State(s) of Solicitation (select all that apply) All States Foreign/non-US Check "All States" or check individual States 13. Offering and Sales Amounts \$31,284,583 USD or Indefinite **Total Offering Amount** Total Amount Sold \$31,284,583 USD Total Remaining to be Sold \$0 USD or Indefinite Clarification of Response (if Necessary): A sale of unregistered shares was made to one accredited investor. 14. Investors Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: 15. Sales Commissions & Finder's Fees Expenses Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount. Sales Commissions \$0 USD Estimate Finders' Fees \$0 USD **Estimate** Clarification of Response (if Necessary): 16. Use of Proceeds Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide

\$0 USD Estimate

an estimate and check the box next to the amount.

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
AMICUS THERAPEUTICS INC	/s/ Geoffrey P. Gilmore	Geoffrey P. Gilmore	General Counsel and Secretary	2010-11-05

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.