FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	ON	ΙB	APPROVAL
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OMB Number: 3235-0287 Estimated average burden hours per response: 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

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Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]								5 (0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Dentzer James E</u>					121											Direc	ctor	10	% Owner	
					-								\dashv	X	Office	er (give title v)		her (specif	ify	
(Last)	(F	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year)											Chief Fina	ncial Offic	or	
C/O AMICUS THERAPEUTICS, INC.				10/	10/01/2009											Cilici i ilia	iiciai Oilic	CI		
6 CEDAR BROOK DRIVE																				
O CEDITIC BROOK BRIVE				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
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(Street)		_													X	Form	n filed by One	e Reporting	Person	
CRANBI	JRY N.) (08512													Form	n filed by Mo	re than One	Reporting	
					-											Pers		re triair one	reporting	
(City)	(S	tate) (Zip)																	
		Tabl	le I - Nor	า-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I				Day/Year) Exec		Executio if any	Deemed lecution Date, any onth/Day/Year)		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Sec Ben Owr		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Ind ect Benef Owne	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	、 I	Reported Transaction(s) (Instr. 3 and 4)			(Instr.	r. 4)
Common	Stock		10/01/2009 F 220 ⁽¹⁾ D \$8.75 32,075 D																	
		Ta	able II - D													vned				
			(e.g., p	uts, c	alis	s, warr	ants,	option	s, co	onvertib	ole s	ecurii	iies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Derive Secu Acque (A) or Disposof (D) (Instr	of I		xercis n Date ay/Ye		Amou Secui Unde Deriv Secui		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ice of vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip of Ind Bene O) Owne ect (Instr	lature direct eficial ership r. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	ount nber ires						

Explanation of Responses:

1. In order to comply with the minimum statutory federal tax withholding rate of 25% plus 1.45% for Medicare, the reporting person surrendered a portion of the vested shares, representing 26.45% of the total value of the shares then vested, to the issuer in connection with its withholding obligations. The restricted stock award to which this disclosure applies vests in a series of monthly installments as outlined in the stock award agreement previously filed on 4/27/2007.

Remarks:

/s/ James E. Dentzer

10/01/2009

** 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.