FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

I OMB APPROVAL

L									
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 purs	OF CHANG suant to Section 16( Section 30(h) of the	(a) of the	e Seci	urities Exchan	ge Act of	-	Estim	Number: ated average burd per response:	3235-0287 len 0.5		
1. Name and Address of Reporting Person <sup>*</sup> Campbell Bradley L		lssuer Name <b>and</b> Ti MICUS THE				LD] (Check	tionship of Reportir all applicable) Director Officer (give title	10% (	Person(s) to Issuer 10% Owner Other (specify			
(Last)(First)(Middle)C/O AMICUS THERAPEUTICS, INC.3675 MARKET STREET		3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022						X Oncer (give fue below) below) President & CEO				
(Street) PHILADELPHIA PA 19104 (City) (State) (Zip)		lf Amendment, Date	e of Orig	inal Fi	iled (Month/Da	6. Indiv Line) X	,					
Table I - N	Non-Derivativ	e Securities A	cquire	əd, D	isposed o	of, or B	eneficially	Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of Amount	(D) (Instr		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/01/2022		M	$\vdash$	5,470	(D) A	\$3.53	(Instr. 3 and 4) 695,088	D			

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

5,470

D

**S**<sup>(1)</sup>

	( <b>3</b> , p,,,,,														
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. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) Y	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options (right to buy)	\$3.53	09/01/2022		М			5,470	(3)	01/28/2023	Common Stock	5,470	\$0.00	16,425	D	

**Explanation of Responses:** 

Common Stock

1. The sales reported on this Form 4 were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

09/01/2022

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 \$10.99 to \$11.57 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 the transaction date.

Remarks:

/s/ Christian Formica, Attorney-in-Fact

09/06/2022

\*\* Signature of Reporting Person Date

\$11.2914(2)

689.618

D

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.