UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT PURSUANT TO
SECTION 13 OR 15(D) OF THE
SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): **January 11, 2016**

AMICUS THERAPEUTICS, INC.
(Exact Name of Registrant as Specified in Its Charter)

Delaware	
(State or Other Jurisdiction of Incorporation)	
001-33497	**71-0869350**
(Commission File Number)	(IRS Employer Identification No.)
1 Cedar Brook Drive, Cranbury, NJ	**08512**
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: **(609) 662-2000**

(Former Name or Former Address, if Changed Since Last Report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 2.02. Results of Operations and Financial Condition.

On January 11, 2016, Amicus Therapeutics, Inc. (the "***Company***") issued a press release (the "***Press Release***") regarding its financial condition for the year ended December 31, 2015. A copy of the Press Release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Item 7.01. Regulation FD Disclosure

Press Release

The Press Release also includes information regarding the Company's 2015 accomplishments and its strategic outlook and financial guidance for the year ending December 31, 2016.

A copy of the Press Release is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Corporate Presentations

The Company has updated its corporate presentation as of January 11, 2016. The slides from this presentation are attached hereto as Exhibit 99.2. The attached materials will be posted on the Company's website at www.amicusrx.com. The Company does not undertake to update this presentation.

The Company presented a corporate presentation at the 3rd Annual Dermatology Summit: SD-101 for Epidermolysis Bullosa on Sunday, January 10, 2016. The slides from this presentation are attached hereto as Exhibit 99.3. The attached materials will be posted on the Company's website at www.amicusrx.com. The Company does not undertake to update this presentation.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits:

Exhibit No.	Description
99.1	Press Release dated January 11, 2016
99.2	Corporate Presentation
99.3	Corporate Presentation

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Amicus Therapeutics, Inc.

Date: January 11, 2016

By: /s/ William D. Baird III
William D. Baird III
Chief Financial Officer

EXHIBIT INDEX

Exhibit No.	Description
99.1	Press Release dated January 11, 2016
99.2	Corporate Presentation
99.3	Corporate Presentation

Amicus Therapeutics Provides Full-Year 2016 Strategic Outlook and Financial Guidance

Migalastat for Fabry Disease Moving Toward CHMP Opinion in European Union

Pompe Disease Clinical Study Initiated to Investigate Novel Enzyme Replacement Therapy

Epidermolysis Bullosa (EB) Phase 3 Study Advances

CRANBURY, NJ, January 11, 2016 — Amicus Therapeutics (Nasdaq: FOLD), a biopharmaceutical company at the forefront of therapies for rare and orphan diseases, today provided its full-year 2016 strategic outlook and financial guidance.

John F. Crowley, Chairman and Chief Executive Officer of Amicus Therapeutics, Inc., stated, "During 2015 we established a global infrastructure with a leading commercial team, acquired a Phase 3 rare disease program in EB, submitted our first marketing application in Fabry in the EU, and advanced our first biologic medicine into the clinic in Pompe. These achievements have transformed Amicus and strongly position us to build one of the world's leading biotechnology companies focused on rare and devastating diseases. In 2016 we will continue to focus on advancing our three lead programs in Fabry, Pompe and EB. The vision for Amicus continues to be to advance our pipeline and to acquire capabilities, programs and technologies that deliver on our mission for patients and that create substantial shareholder value."

Key 2015 Accomplishments

- **MAA Submission** - submitted marketing authorization application (MAA) to European Medicines Agency (EMA) for approval of migalastat in Fabry patients with amenable genetic mutations
- **Global Commercial Capabilities** - established global commercial infrastructure with key leadership in place for EU migalastat launch
- **Late-Stage Product Acquisition** - strengthened pipeline with the acquisition of SD-101, a Phase 3 program for Epidermoylsis Bullosa (EB)
- **Biologics Manufacturing** - completed successful manufacturing scale up to supply clinical study of ATB200 — a novel ERT for Pompe Disease
- **Pompe Clinical Study Initiation** - initiated clinical study of ATB200 and oral chaperone (AT2221) in Pompe patients

Mr. Crowley will discuss Amicus' corporate objectives and key milestones in a presentation at the 34th Annual J.P. Morgan Healthcare Conference on Tuesday, January 12, 2016 at 9:00 a.m. PT (12:00 p.m. ET). A live webcast of the presentation can be accessed through the Investors section of the Amicus Therapeutics corporate web site at http://ir.amicustherapeutics.com/events.cfm, and will be archived for 90 days.

Program Highlights

Migalastat for Fabry Disease

Migalastat is an oral personalized medicine intended to treat Fabry disease in patients who have amenable genetic mutations. Amicus has built a commercial organization in the EU that is prepared to launch migalastat upon approval. The EMA's review of the MAA for migalastat is currently in progress. Amicus continues to expect an opinion from the Committee for Medicinal Products for Human Use (CHMP) in early 2016. As previously reported, the timing of a new drug

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application (NDA) submission in the U.S. will be based on the determination of the optimal regulatory pathway. The Company expects to provide an update on the U.S. strategy for migalastat in the first quarter of 2016.

Anticipated 2016 Fabry Program Milestones

- CHMP Opinion in Europe (early 2016)
- Oral presentations and posters at the 12th Annual WORLD*Symposium*™ 2016 (February 29 - March 4, 2016 in San Diego, CA). Oral presentations will include:
  - Podocyte globotriaosylceramide (GL-3) content in male adult patients with Fabry disease reduces following 6-12 months of treatment with migalastat
  - Comparison of integrated white blood cell alpha-galactosidase A activity exposure between every-other-day orally administered migalastat and biweekly infusions of agalsidase beta or agalsidase alfa
- U.S. regulatory update (1Q16)
- Phase 3 data publications

Novel ERT for Pompe Disease (ATB200 + Chaperone)

Amicus has initiated the clinical study (ATB200-02) in Pompe patients with a novel treatment paradigm that consists of ATB200, a uniquely engineered recombinant human acid alpha-glucosidase (rhGAA) enzyme with an optimized carbohydrate structure to enhance uptake, administered with a pharmacological chaperone (AT2221) to improve activity and stability.

Amicus completed good manufacturing practice (GMP) production runs of ATB200 during 2015, and has sufficient supply for this clinical study in Pompe patients. Amicus finalized the design of the ongoing study following in-person meetings with regulatory authorities in both the U.S. and EU.

Anticipated Pompe Program Milestones

- Dosing of first patient in clinical study (early 2016)
- Oral presentations and posters at WORLD*Symposium*™. Oral presentation will include:
    - Co-administration of the pharmacological chaperone AT2221 with a proprietary recombinant human acid alfa-glucosidase leads to greater plasma exposure and substrate reduction compared to alglucosidase alfa
- Data from clinical study ATB200-02

SD-101 for Epidermolysis Bullosa (EB)

SD-101 is a novel, late-stage, proprietary topical treatment and potential first-to-market therapy for EB. This investigational product was granted FDA breakthrough therapy designation in 2013 based on results from a Phase 2a study for the treatment of lesions in patients suffering with EB. SD-101 is the first-ever treatment in EB clinical studies to show improvements in wound closure across all major EB subtypes.

SD-101 is currently being investigated in a Phase 3 study (SD-005) to support global regulatory submissions. Amicus continues to open additional clinical sites for this Phase 3 study and expects enrollment to be complete by mid-year with data in the second half of 2016. Amicus Chief Business Officer Dipal Doshi has assumed the additional responsibilities as General Manager of the Scioderm Division of Amicus.

Anticipated EB Program Milestones

- Completion of enrollment in Phase 3 study (mid-2016)
- Top-line Phase 3 data (2H16)

2016 Financial Guidance

Cash, cash equivalents, and marketable securities totaled $214.0 million at December 31, 2015 compared to $169.1 million at December 31, 2014. The Company's balance sheet was strengthened during 2015 with a $258 million public offering. Amicus expects full-year 2016 net cash spend between $135 million and $155 million. The current cash position is projected to fund operations into mid-2017.

About Amicus Therapeutics

Amicus Therapeutics (Nasdaq: FOLD) is a biotechnology company at the forefront of therapies for rare and orphan diseases. The Company has a robust pipeline of advanced therapies for a broad range of human genetic diseases. Amicus' lead programs in development include the small molecule pharmacological chaperone migalastat as a monotherapy for Fabry disease, SD-101 for Epidermolysis Bullosa (EB), as well as novel enzyme replacement therapy (ERT) products for Fabry disease, Pompe disease, and other lysosomal storage disorders.

Forward-Looking Statements

This press release contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to preclinical and clinical development of Amicus' candidate drug products, the timing and reporting of results from preclinical studies and clinical trials evaluating Amicus' candidate drug products and the projected cash position for the Company. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "potential," "plan," "targets," "likely," "may," "will," "would," "should" and "could," and similar expressions or words identify forward-looking statements. Such forward-looking statements are based upon current expectations that involve risks, changes in circumstances, assumptions and uncertainties. The inclusion of forward-looking statements should not be regarded as a representation by Amicus that any of its plans will be achieved. Any or all of the forward-looking statements in this press release may turn out to be wrong. They can be affected by inaccurate assumptions Amicus might make or by known or unknown risks and uncertainties. For example, with respect to statements regarding the goals, progress, timing and outcomes of discussions with regulatory authorities and the potential goals, progress, timing and results of preclinical studies and clinical trials, actual results may differ materially from those set forth in this release due to the risks and uncertainties inherent in the business of Amicus, including, without limitation: the potential that results of clinical or pre-clinical studies indicate that the product candidates are unsafe or ineffective; the potential that it may be difficult to enroll patients in our clinical trials; the potential that regulatory authorities may not grant or may delay approval for our product candidates; the potential that preclinical and clinical studies could be delayed because we identify serious side effects or other safety issues; the potential that we will need additional funding to complete all of our studies and, our dependence on third parties in the conduct of our clinical studies. Further, the results of earlier preclinical studies and/or clinical trials may not be predictive of future results. With respect to statements regarding projections of the Company's cash position, actual results may differ based on market factors and the Company's ability to execute its operational and budget plans. In addition, all forward looking statements are subject to other risks detailed in our Annual Report on Form 10-K for the year ended December 31, 2014 and Form 10-Q for the quarter ended June 30, 2015. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, and Amicus undertakes no obligation to revise or update this news release to reflect events or circumstances after the date hereof. This caution is made under the safe harbor provisions of Section 21E of the Private Securities Litigation Reform Act of 1995.

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Dan Budwick
dan@purecommunicationsinc.com
(973) 271-6085

FOLD—G

Exhibit 99.2

Amicus Therapeutics®

34th Annual J.P. Morgan Healthcare Conference

John F. Crowley, Chairman and Chief Executive Officer

January 12, 2016

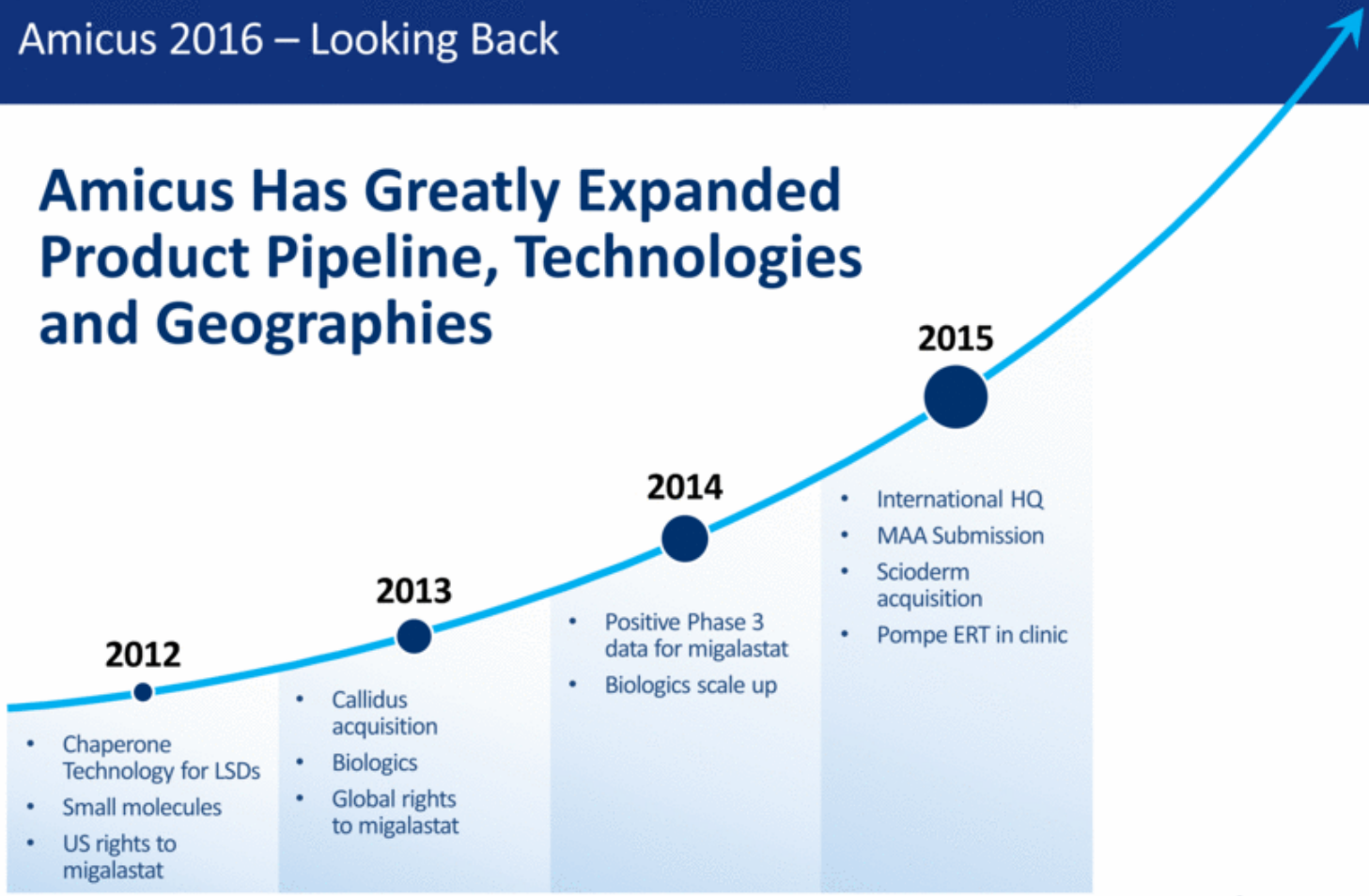
Safe Harbor

This presentation will contain, "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to preclinical and clinical development of Amicus' candidate drug products, the timing and reporting of results from preclinical studies and clinical trials evaluating Amicus' candidate drug products, financing plans, and the projected cash position for the Company. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "potential," "plan," "targets," "likely," "may," "will," "would," "should" and "could," and similar expressions or words identify forward-looking statements. Such forward-looking statements are based upon current expectations that involve risks, changes in circumstances, assumptions and uncertainties. The inclusion of forward-looking statements should not be regarded as a representation by Amicus that any of its plans will be achieved. Any or all of the forward-looking statements in this press release may turn out to be wrong. They can be affected by inaccurate assumptions Amicus might make or by known or unknown risks and uncertainties. For example, with respect to statements regarding the goals, progress, timing and outcomes of discussions with regulatory authorities, and in particular the timing of an NDA submission for migalastat monotherapy, and the potential goals, progress, timing and results of preclinical studies and clinical trials, actual results may differ materially from those set forth in this release due to the risks and uncertainties inherent in the business of Amicus, including, without limitation: the potential that results of clinical or pre-clinical studies indicate that the product candidates are unsafe or ineffective; the potential that it may be difficult to enroll patients in our clinical trials; the potential that regulatory authorities may not grant or may delay approval for our product candidates; the potential that preclinical and clinical studies could be delayed because we identify serious side effects or other safety issues; the potential that we will need additional funding to complete all of our studies and, our dependence on third parties in the conduct of our clinical studies. Further, the results of earlier preclinical studies and/or clinical trials may not be predictive of future results. With respect to statements regarding projections of the Company's cash position, actual results may differ based on market factors and the Company's ability to execute its operational and budget plans. In addition, all forward looking statements are subject to other risks detailed in our Annual Report on Form 10-K for the year ended December 31, 2014 and Form 10-Q for the quarter ended June 30, 2015. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, and Amicus undertakes no obligation to revise or update this news release to reflect events or circumstances after the date hereof. This caution is made under the safe harbor provisions of Section 21E of the Private Securities Litigation Reform Act of 1995.

Amicus Therapeutics

Amicus 2016 – Looking Back

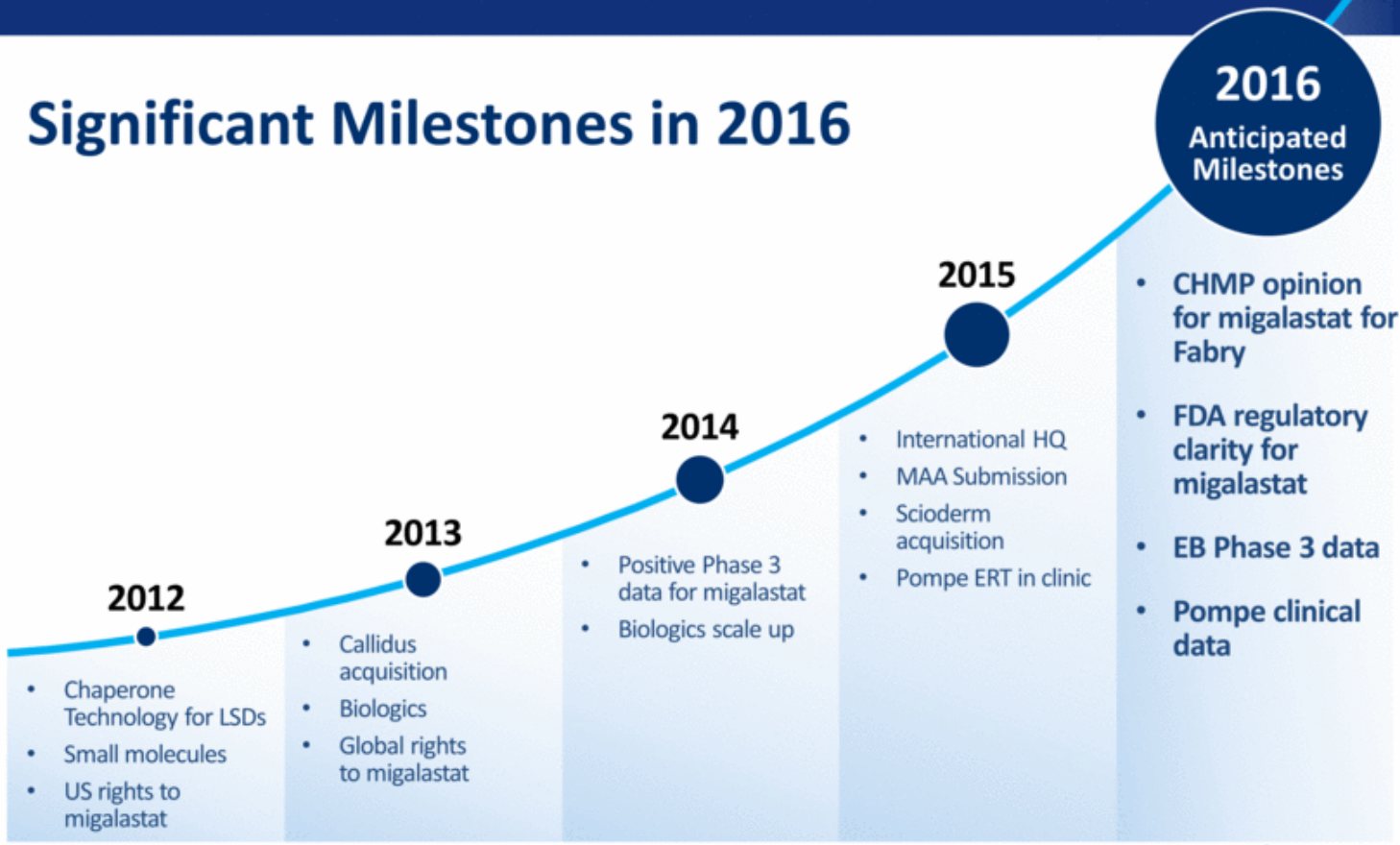
Amicus Has Greatly Expanded Product Pipeline, Technologies and Geographies



Amicus Therapeutics

Amicus 2016 – Continuing the Momentum

Significant Milestones in 2016



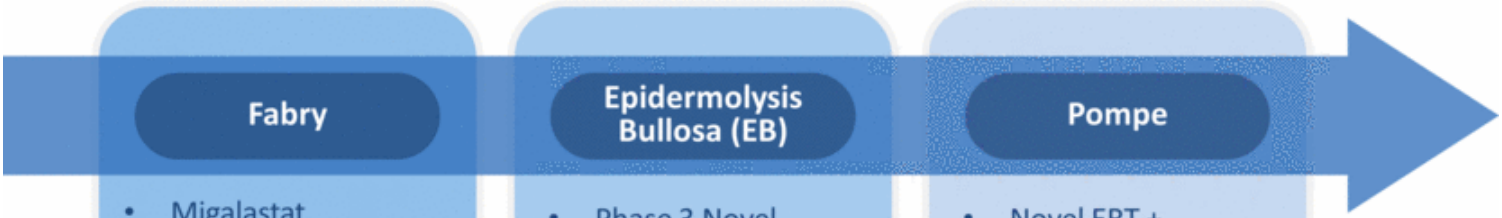
Amicus Therapeutics

Amicus Vision

Amicus Therapeutics is a global biotechnology company at the forefront of developing advanced therapies to treat a range of devastating rare and orphan diseases

Key Drivers of Value

3 Novel Product Candidates Each with $500M to $1B+ Market Potential



Fabry	Epidermolysis Bullosa (EB)	Pompe
• Migalastat Personalized Medicine (Small Molecule) • MAA Submitted • CHMP Opinion Anticipated Early 2016 • Prepared for EU Launch*	• Phase 3 Novel Topical Cream (SD-101) • U.S. Breakthrough Therapy Designation • Rolling NDA • Phase 3 Data Expected in 2H16	• Novel ERT + Chaperone Treatment Paradigm • Biologics Manufacturing • Clinical Study Initiated with Data Anticipated in 2016

R&D Engine and Continued Business Development Activity

*Pending Approval

Amicus Therapeutics

Migalastat Personalized Medicine for Fabry Disease

Fabry Disease Overview – For Meetings

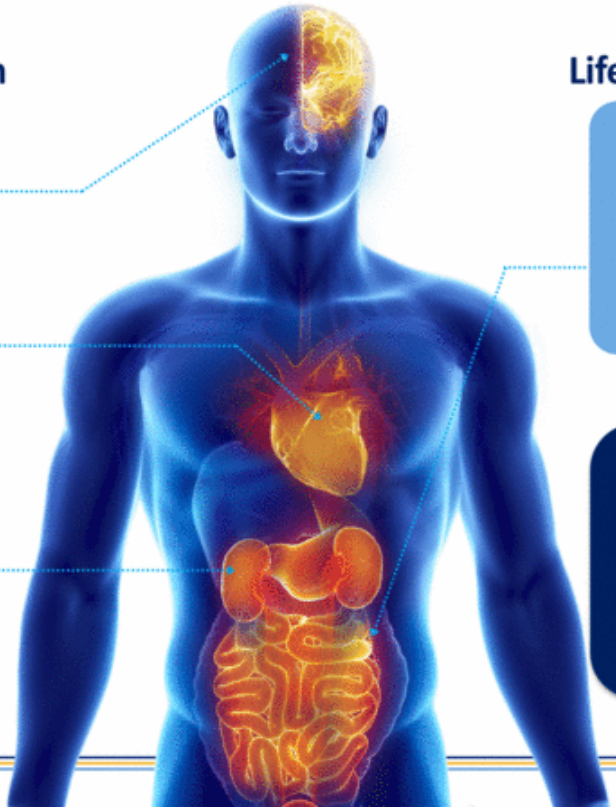
Fabry Disease is a Fatal Genetic Disorder that Affects Multiple Organ Systems

Leading Causes of Death

TRANSIENT ISCHEMIC ATTACK (TIA) & STROKE[1]

HEART DISEASE[2]
- Irregular heartbeat (fast or slow)
- Heart attack or heart failure
- Enlarged heart

KIDNEY DISEASE[3]
- Protein in the urine
- Decreased kidney function
- Kidney failure



Life-Limiting Symptoms

GASTROINTESTINAL[3]
- Nausea, vomiting, cramping, and diarrhea
- Pain/bloating after eating, feeling full
- Constipation
- Difficulty managing weight

Key Facts

- Deficiency of α-Gal A enzyme leading to GL-3 accumulation
- >800 known mutations
- 5-10K diagnosed WW (51% female/49% male[4])
- Newborn screening studies suggest prevalence of ~1:1000 to ~1:4000

1. Desnick R, *et al.* **Ann Intern Med. 2003** 2. Yousef Z, *et al.* **Eur Heart J. 2013** 3. Germain D. **Orphanet J Rare Dis. 2010** 4. Fabry Registry 2011

Amicus Therapeutics

Fabry Disease Overview – For Podium

Fabry Disease is a Fatal Genetic Disorder that Affects Multiple Organ Systems

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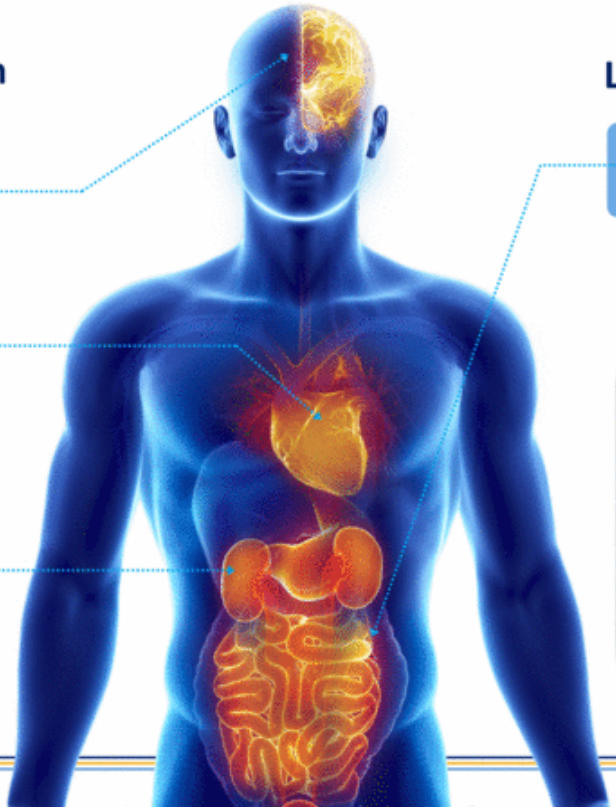
- TRANSIENT ISCHEMIC ATTACK (TIA) & STROKE[1]
- HEART DISEASE[2]
- KIDNEY DISEASE[3]



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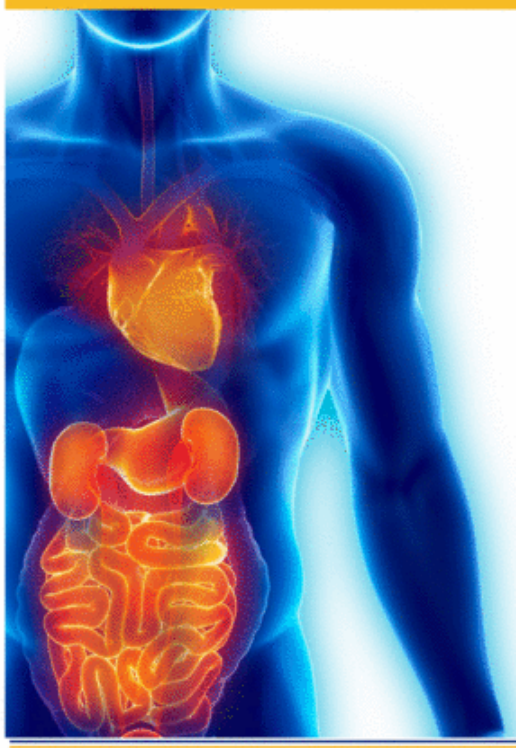
Summary of Clinical Data

Favorable Efficacy and Safety Data in Two Largest Phase 3 Studies Ever Completed in Fabry Disease



Reduction in Disease Substrate
IC GL-3 (Study 011[4])
Plasma Lyso Gb-3 (Study 011[3,4] and 012[2])

Stability of Kidney Function
Estimated Glomerular Filtration Rate (eGFR) and measured GFR (Study 011[1] and Study 012[1,2])

Reduction in Cardiac Mass
Left Ventricular Mass Index (LVMI) (Study 011[3] and 012)

Improvement in GI Symptoms
Gastrointestinal Symptoms Rating Scale (GSRS) (Study 011[4])

Low Rate of Fabry-Associated Clinical Events
Renal, Cardiac and Cerebro-Vascular Events (Study 012[2])

1: Stabilization from baseline over 18 months with favorable comparison to natural history in literature
2: Comparable to ERT over 18 months
3: Improvement from baseline over 18+ months
4: Improvement versus placebo over 6 months in amenable patients

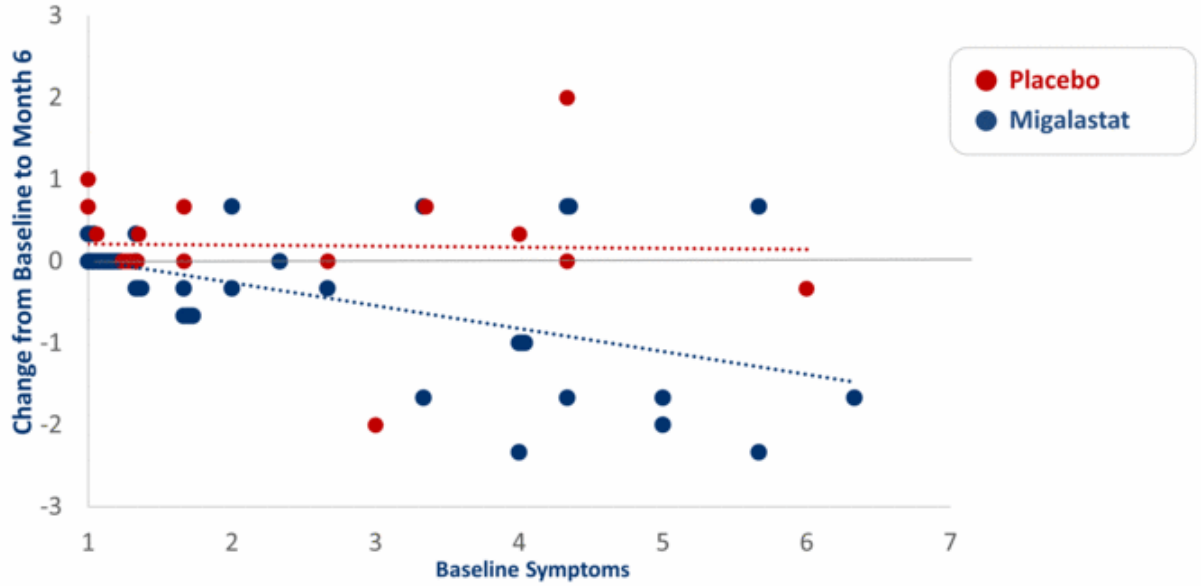
Amicus Therapeutics

Additional Phase 3 Data on Diarrhea Symptoms

NEW

Migalastat has Generated Promising Data on Diarrhea Improvement, One of the Most Life-Limiting Symptoms of Fabry Disease

Statistically Significant Change - Migalastat vs. Placebo from Baseline to Month 6 (nominal p=0.026)



Note: Month 6 used as baseline for patients in placebo arm switching to migalastat; MID from Chan 2006 in kidney transplant. Minimal important difference (MID) for the GSRS diarrhea domain is 0.4 (Chan 2006, renal transplant patients)

Amicus Therapeutics

Fabry Patient Perspective

Case Report from Long-Term Treatment with Migalastat Shows Improvement in Pain and Return to Everyday Activities[1]

Nine-year follow-up in a patient receiving migalastat pharmacological chaperone therapy for Fabry disease

Schiffmann R[1], Swift C[1], Barth J[2], Skuban N[2], and Castelli J[2]

[1]Baylor Research Institute, Dallas, TX; [2]Amicus Therapeutics, Cranbury, NJ, USA

Amicus Therapeutics

BACKGROUND

Fabry Disease

Fabry disease is a rare, progressive, and devastating X-linked lysosomal storage disorder caused by a deficiency in α-galactosidase A, with an estimated prevalence of 1:117,000 to 1:40,000 (Desnick and Schindler 2001; Meikle et al. 1999; Eurordis 2005).

More than 800 disease-causing mutations in GLA have been identified; ~60% of these are missense mutations.

Affects males and females; females have a mosaic of healthy and diseased cells.

The cardinal presenting features of Fabry disease are intermittent acroparesthesia and episodic crises of pain and fever (especially in childhood), angiokeratomas, hypohidrosis, heat/cold intolerance, and a characteristic "whorled" corneal opacity that generally does not affect vision. In these patients, the major causes of mortality include renal failure, cardiomyopathy, and cerebrovascular accidents.

Globotriaosylceramide (Gb-3), a natural substrate of α-Gal A, accumulates and affects multiple organs and organ systems (kidney, heart, brain, gastrointestinal, skin).

Globotriaosylsphingosine (lyso-Gb3) is another substrate of α-Gal A that is elevated in plasma of males and females living with Fabry disease.

MIGALASTAT FOR FABRY DISEASE

Migalastat is an orally administered investigational pharmacological chaperone for patients with amenable mutations; facilitates proper folding and cellular trafficking of amenable mutant forms of α-Gal A to lysosomes where the breakdown of substrate can proceed.

Migalastat (4R,5S)-5-(hydroxymethyl)piperidine-3,4-diol

Amenable mutant forms of α-Gal A are identified using a GLP-validated HEK-293 cell-based assay (GLP HEK assay; see below).

30-50% of patients with Fabry disease are estimated to have amenable mutations; the majority of amenable mutations are associated with the classic phenotype of the disease.

DEFINITION OF AMENABILITY

The GLP HEK assay was used to express each of 680 FD-causing mutations in HEK-293 cells and measure increases in α-Gal A activity in response to migalastat. Amenable mutant forms were defined by a relative increase of ≥1.2-fold and absolute increase of ≥3% wild-type in the presence of 10 μM migalastat.

OBJECTIVE AND METHODS

We describe the long-term effects of migalastat on FD-associated pain.

A 17-year old male patient with Fabry disease presenting with severe acroparesthesia and sensation of stiffness predominantly in the lower extremities, was evaluated. Clinical and biochemical studies were performed. Use of concomitant pain medications was also monitored.

RESULTS: CONCOMITANT PAIN MEDICATION

Phase 2

First 4.5 years migalastat treatment

During the first phase 2 trial (dose finding), α-Gal activity increased 5-fold in leukocytes and 30-fold in skin after 72 weeks of migalastat treatment. Cardiac and renal function, as well as urine GL-3 levels remained normal.

Phase 3 (open label extension)

Years 4.5 to 9

During the phase 3 migalastat treatment (150 mg QOD), paresthesias and sensation of stiffness progressively improved, and he was able to decrease and then discontinue all his pain medications by the 8th year of therapy.

4.5 years → 4.5 years still ongoing

Phase 2 studies various migalastat doses

Phase 3 study migalastat 150 mg QOD

Change in pain meds

Patient Journey to Diagnosis

- Chronic pain
- Weakness and fatigue
- Pain medication

Phase 2 Study + OLE for 4.5 Years

- Enzyme activity increased
- Cardiac and renal functions remained normal

Phase 3 OLE for 4.5 Years (Still Ongoing)

- Paresthesias and sensation of stiffness improved
- Feels well, goes to gym and works
- Discontinued pain medication

1. Schiffmann, *et al.* Nine-year follow-up in a patient receiving migalastat pharmacological chaperone therapy for Fabry disease. **SSIEM 2015.**

Amicus Therapeutics

Global Regulatory Strategy

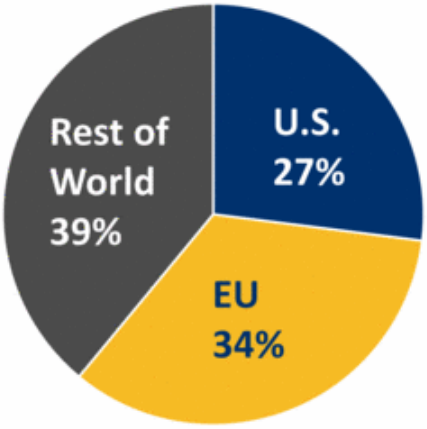
EU Approval Will Lay the Foundation to Address ~70% of Global Fabry Market

Amicus Therapeutics

Fabry Market Today

Migalastat has Potential to Offer a Number of Important "Firsts" for Fabry Patients

$1.1B in FY14 ERT Sales[1]



- 40-50% of Diagnosed Patients Not on ERT Today
- Market Continues to Grow > 10% / Year
- ERT Infused Once Every 2 Weeks

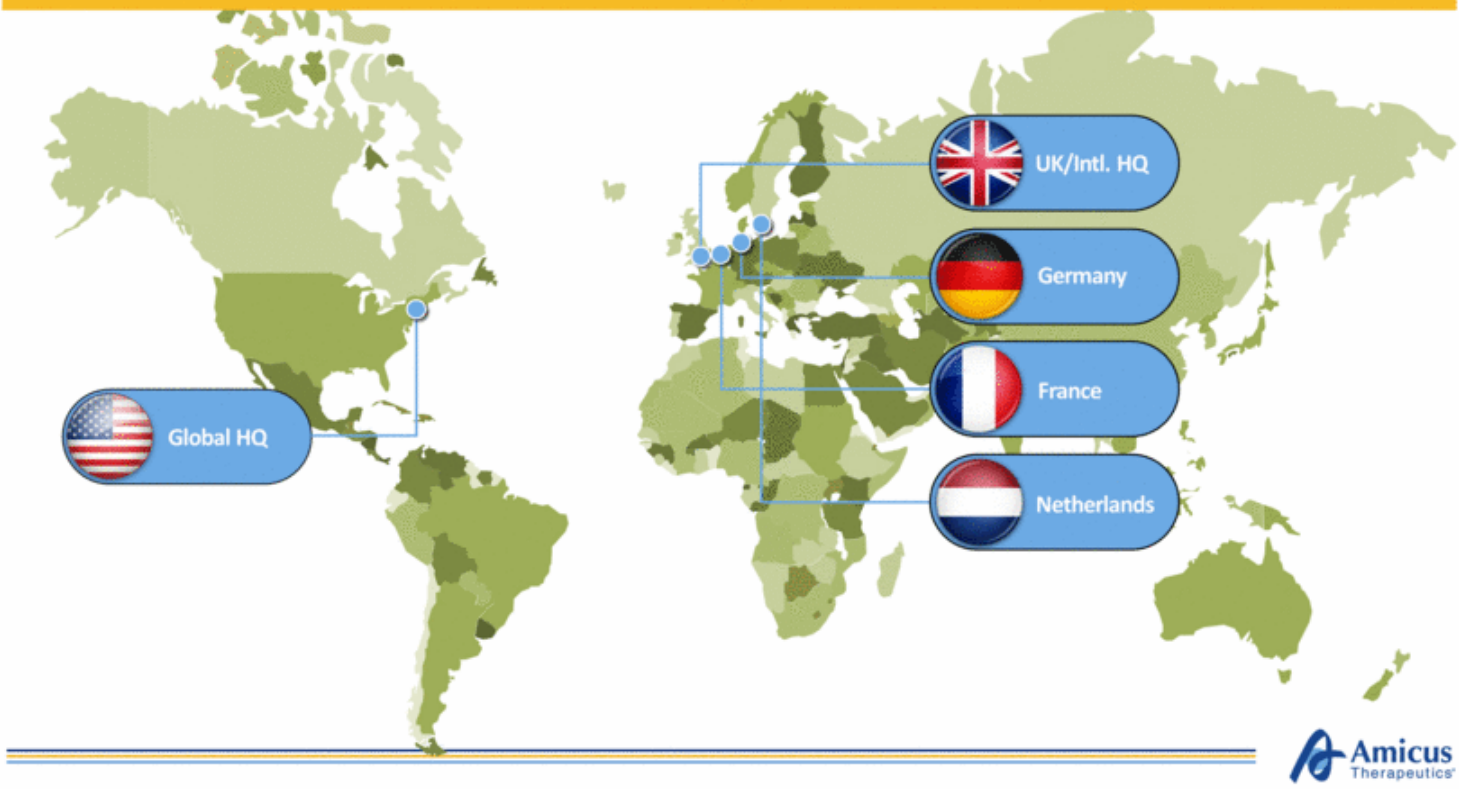
- ***First*** new product in > 10 years
- ***First*** oral therapy
- ***First*** targeted therapy for amenable patients (30%-50% of population)

1. Company filings and Amicus estimates

Amicus Therapeutics

Global Infrastructure and International Team

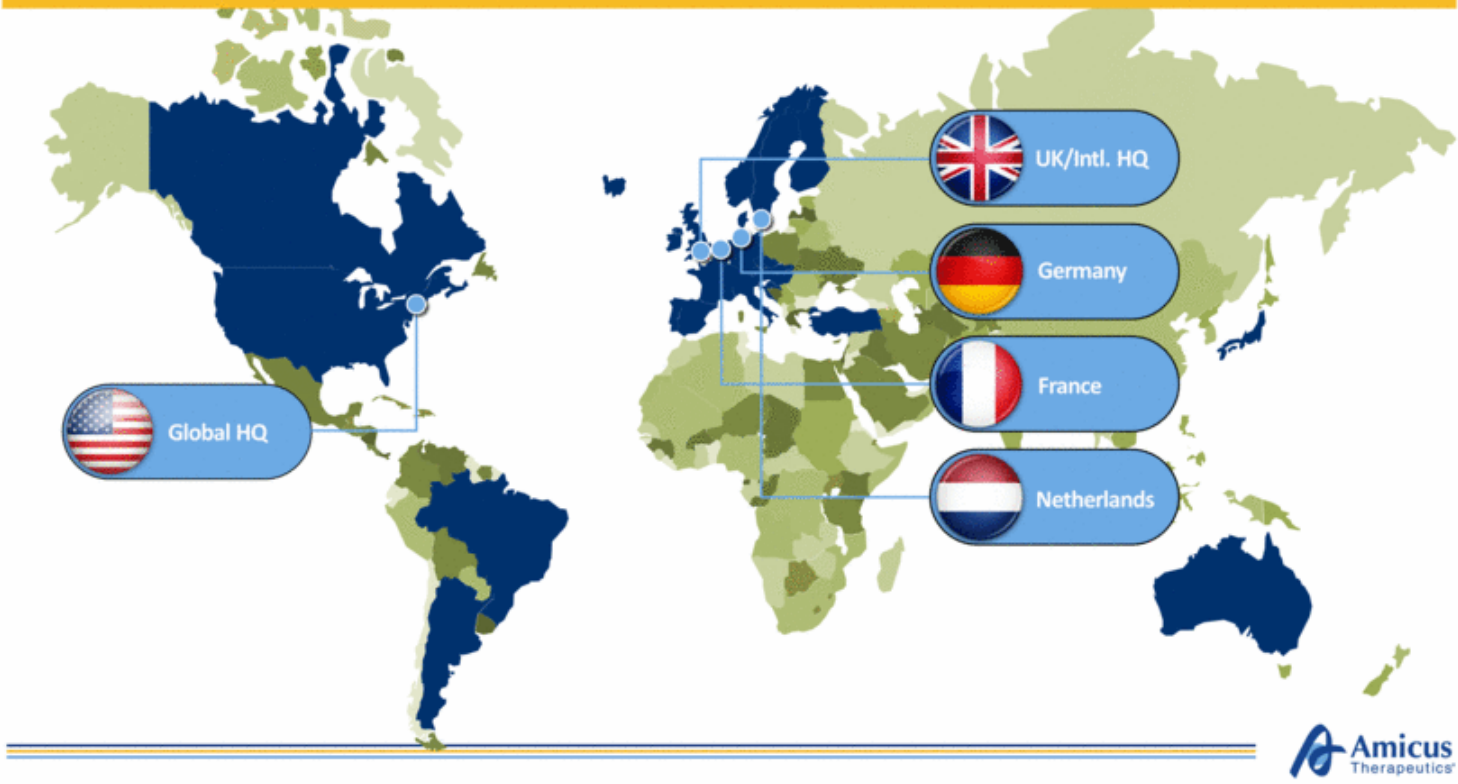
World-Class Global Commercial Team to Support Migalastat Launch Upon Regulatory Approvals with Further Expansion in 2016



Amicus Therapeutics

Global Infrastructure and International Team

World-Class Global Commercial Team to Support Migalastat Launch Upon Regulatory Approvals with Further Expansion in 2016



Amicus Therapeutics

Commercial Launch Preparation Activities

- Medical education and patient advocacy ongoing on behalf of Fabry patients
- Experienced commercial leadership team with established international operations
- Patient and physician mapping
- Global value dossier complete and local submissions in development
- International distribution system

Amicus is Preparing for Potential Launches in 2016

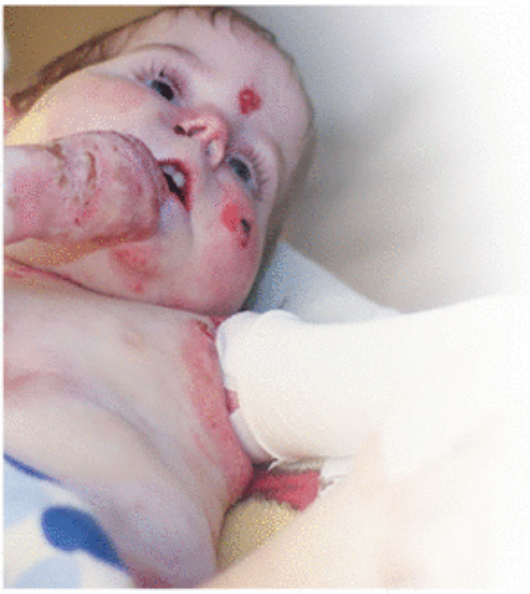
Amicus Therapeutics

SD-101 for Epidermolysis Bullosa (EB)

Poised to deliver pivotal data for a devastating rare disease in 2016

EB Disease Overview

Rare, Devastating, Connective Tissue Disorder with No Approved Treatments

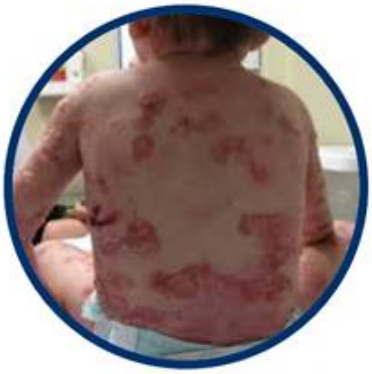


- Multiple genes cause disease which results in fragility of skin and can affect internal organs
- Diagnosed from infancy to adulthood
- Severe blistering, open wounds and scarring in response to minor friction to the skin
- Disfiguring, excruciatingly painful, and can be fatal
- Given the lack of approved treatment options, any reduction in disease symptoms would be considered meaningful
- 30,000 – 40,000 diagnosed patients in major global regions

Three Major EB Subtypes Represent ~99% of EB Population

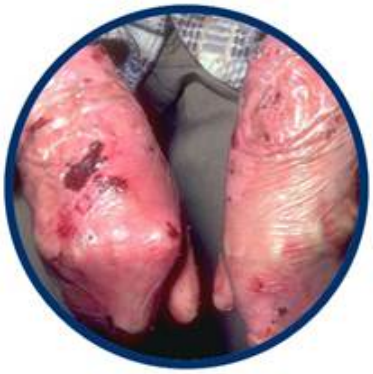
Multiple Subtypes…Single Devastating and Fatal Genetic Disorder

Simplex



~75% of EB Population

Dystrophic



~20% of EB Population

Junctional

~5% of EB Population

INCREASING SEVERITY

No Approved Therapies Today

SD-101 in Development for All 3 Major Subtypes

30,000-40,000+ Diagnosed in Major Markets

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U.S. Breakthrough Therapy Designation

Positive Early Results from Phase 2a Study Led to Breakthrough Therapy Designation

- Open-label, 8 patient proof-of-concept study[1]
- Ages 6 months – 9 years
- All baseline target wounds ≥ 10 cm^2
- SD-101 3% applied once daily for 3 months

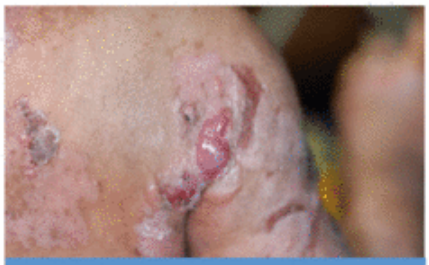
Key Findings

87.5%
of patients experienced complete closure of target wounds within 1 month

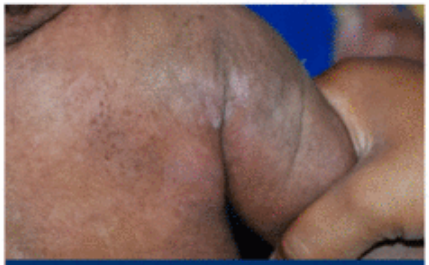
57%
reduction in affected body surface area by month 3

Daily administration generally safe and well-tolerated

1-Year-Old Girl with EB Simplex



Baseline



Following 2 months of treatment

1. Simplex (n=3), Junctional (n=3), Recessive Dystrophic (n=2)

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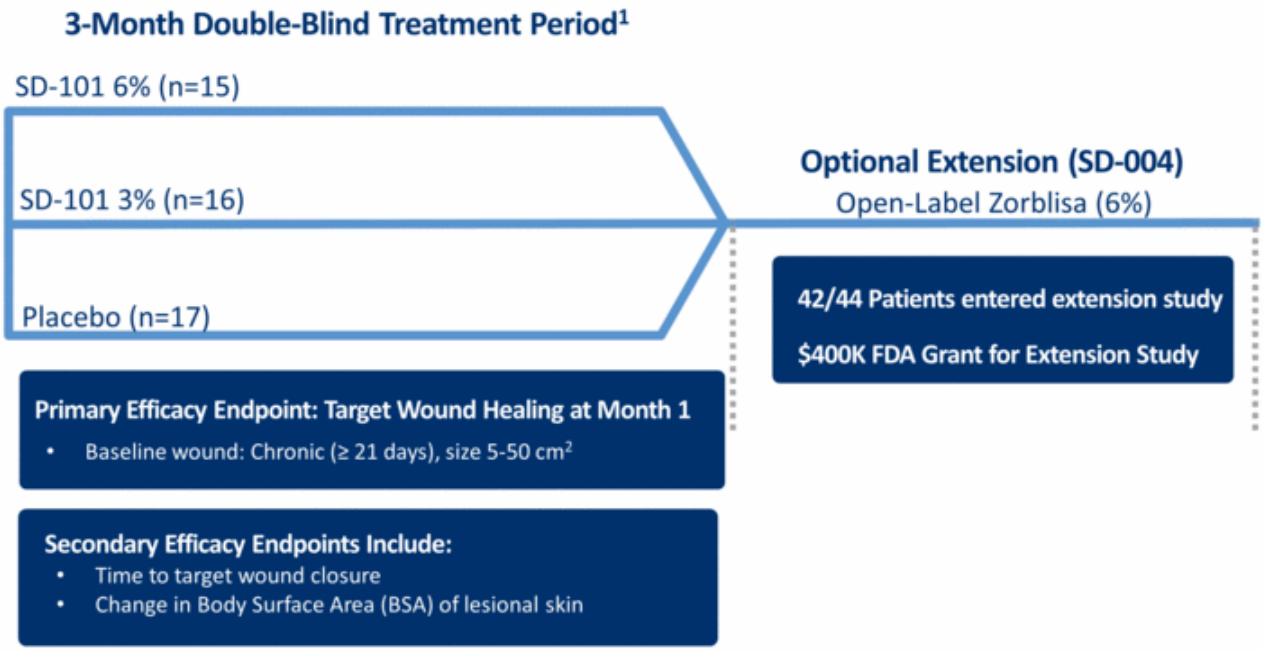
Phase 2b Design (Study 003)



48 EB patients (age ≥ 6 months)[1] - 1:1:1 Randomization - Daily Topical Application

1. Assessments: 0, 14, 30, 60, 90 Days. 2. Initial Disease Severity: Mean target lesion size (cm^2) 14.0 (range 5-39); mean lesional BSA: 19.4% (range 0.4-48%); mean wound age (days): 182 (range 21-1,639). EB Subtypes enrolled: Simplex (n=11), Recessive Dystrophic (n=29), and Junctional (n=8)

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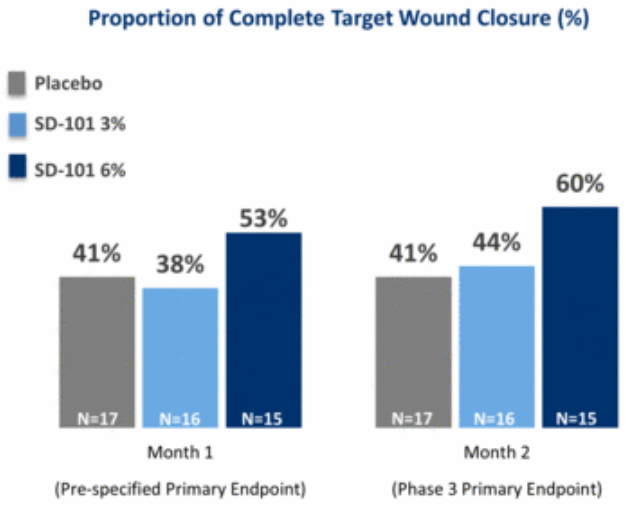
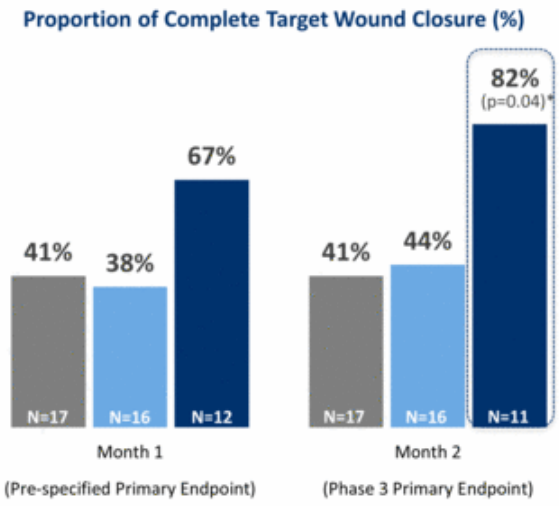
Phase 2b Results

SD-101 6% Demonstrated Higher Proportion of Complete Target Wound Closure

ITT Population (n=48)



Evaluable Population[1] (n=45)



*SD-101 6% vs placebo, unadjusted p=0.04

1. Excluded from Evaluable population: 1 patient (due to lost to follow-up), 2 patients (did not have single identified and qualified target lesion). 1 additional patient lost to follow up after Month 1 visit and is excluded from target wound assessment at later time points

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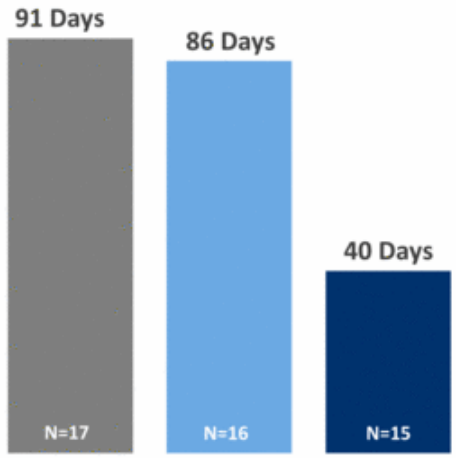
Phase 2b Results – Secondary Endpoint

**SD-101 6% Showed Fastest Time to Wound Closure;
SD-101 Generally Safe and Well-Tolerated**

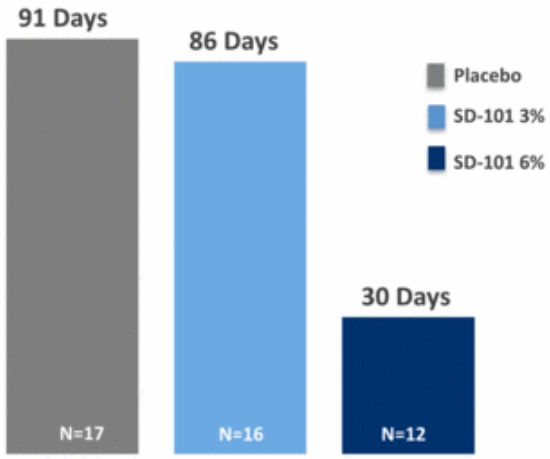
ITT Population (n=48)

Median Time to Wound Closure (Days)



Evaluable Population (n=45)

Median Time to Wound Closure (Days)



Adverse Events Similar Across Treatment Arms of Placebo, SD-101 3%, and SD-101 6%

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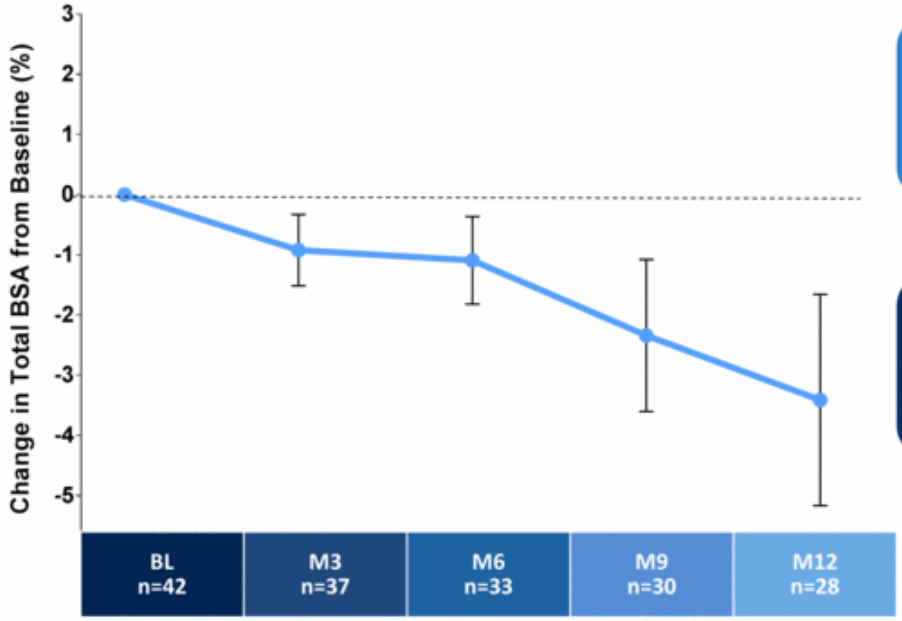
Phase 2b Extension (Study 004) Results

Results on Total Body Surface Area (BSA) Affected by Wounds and Lesions



Mean Absolute Change to Month 12 (95% CI): -3.41% (-7.0, 0.2)

Mean Relative Change to Month 12 (95% CI): -12.92% (-37.8, 11.9)

Note: Mean and SEM on change from baseline are plotted. Study 004 Total BSA baseline values are: N=42 Baseline population: 11.3. N=28 population used for Month 12 comparison: 10.9

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Phase 3 Design (SD-005)

Phase 3 Initiated in 2Q15 and ~50% Enrolled
Top-Line Data Expected 2H16

3-Month Double-Blind Treatment Period[1]

SD-101 6%

~150 EB patients (age ≥ 1 month)

Placebo

Optional Extension (SD-006)
Open-Label Zorblisa (6%)

44/44 Patients Have Continued in Open-Label Extension
(Jan. 8, 2015)

Primary Endpoint: Target Wound Healing at Month 2
- US and EU regulatory authorities agreed on primary endpoint
- Baseline wound: Chronic (≥ 21 days), size ≥10 cm^2

Secondary Endpoints Include
- Time to target wound closure
- Change in Body Surface Area (BSA) of lesions and blisters

1. Assessments: 0, 14, 30, 60, 90 Days. 1:1 randomization, daily topical application

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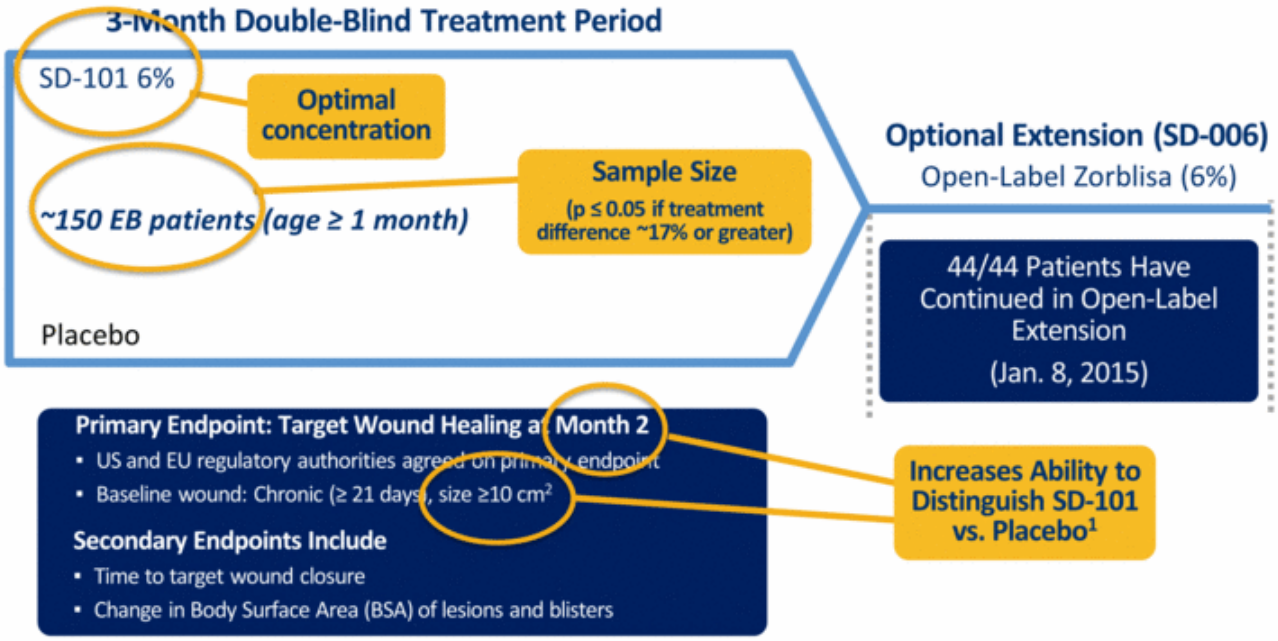
Phase 3 Design (SD-005)

Study Design Incorporates Key Learnings from Phase 2b Study



1. Complete target wound closure in patients with target wounds ≥ 10 cm^2 at Month 2 in Phase 2b: SD-101 6% - 50% (n= 4) vs. Placebo - 12.5% (n=8)

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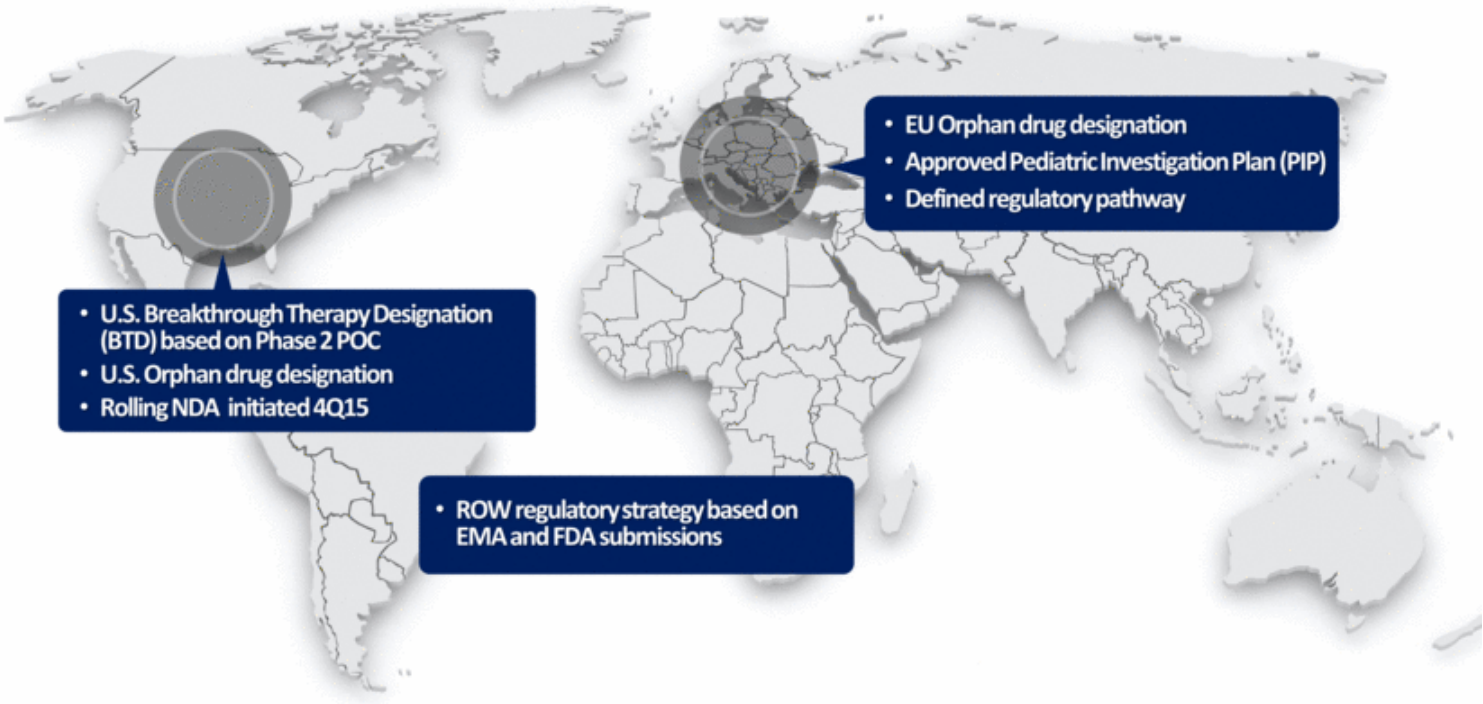
Global Regulatory Strategy

Positive FDA and EMA Feedback on Phase 3 Study Design

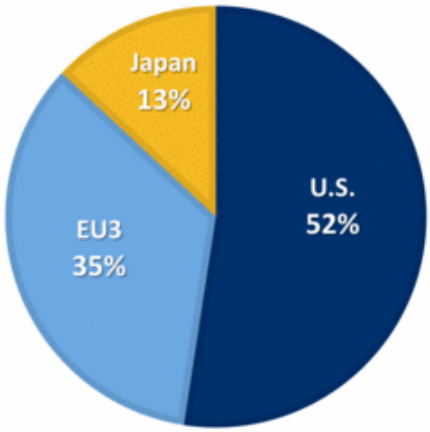


$1B+ Commercial Potential

KOL Feedback Supports Profound Unmet Medical Need and Broad Usage in All EB Subtypes

Diagnosed EB Patients by Geography

(US, EU3, Japan)



Significant Unmet Clinical Need

- No approved treatments, opportunity for first-in-class
- Promising proof-of-concept in all EB subtypes

Strong Support Among Surveyed Stakeholders

- Physicians indicate usage in 100% patients
- Payers indicate support for broad reimbursement if approved

Large Commercial Opportunity

- 30,000 – 40,000 diagnosed patients in major markets
- KOLs expect diagnosis rates to increase

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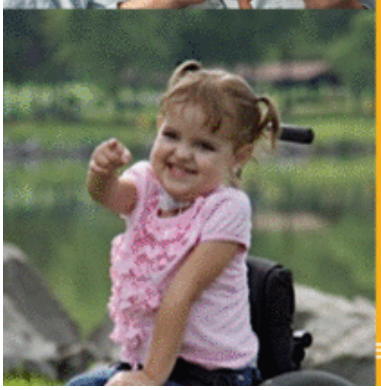

ATB200 Novel ERT for Pompe Disease

A Proprietary, Clinical-Stage Biologics Program

Pompe Disease Overview

Severe, Fatal Genetic Disorder with Significant Unmet Medical Need

- Deficiency of GAA leading to glycogen accumulation
- Age of onset ranges from infancy to adulthood
- Symptoms include muscle weakness, respiratory failure and cardiomyopathy
- Respiratory and cardiac failure are leading causes of morbidity and mortality
- 5,000 – 10,000 patients diagnosed WW[1]
- ~$700M+ Global Pompe ERT sales in FY14[2]

1. National Institute of Neurological Disorders and Stroke (NIH). 2. Sanofi Press Release & 10-K

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Pompe Patient Perspectives

Very Significant Unmet Need Despite Availability of Currently Marketed Therapy

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Pompe ERT - 3 Challenges

Amicus Technology Platforms with Potential to Address Challenges with Existing Pompe ERT

Activity/ Stability

Rapid denaturation of ERT in pH of blood[1]

Protein Aggregation

CHART
CHAPERONE-ADVANCED REPLACEMENT THERAPY

Tolerability / Immunogenicity

Infusion-associated reactions in >50% of late-onset patients[3]

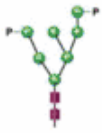
Antibody titers shown to affect treatment outcomes[4,5]

CHART
CHAPERONE-ADVANCED REPLACEMENT THERAPY

Uptake/ Targeting

Low M6P receptor uptake into skeletal muscle[2]

Vast majority of rhGAA not delivered to lysosomes[2]



Uniquely Engineered rhGAA Optimized M6P & Carbohydrates

1Khanna et al., PLoS ONE, 2012; 2Zhu et al., Amer. Soc. Gene Therapy, 2009 June; 3Banati et al., Muscle Nerve, 2011 Dec.; 4Banugaria et al., Gen. Med., 2011 Aug.; 5de Vries et al., Mol Genet Metab., 2010 Dec.

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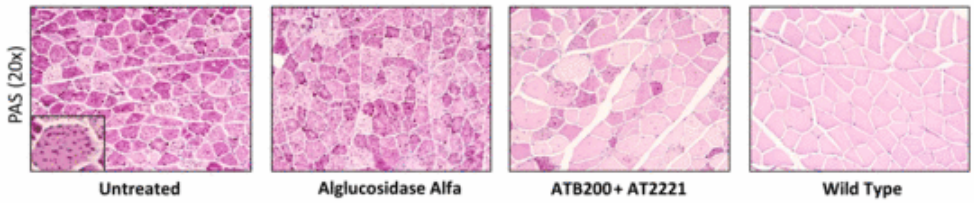
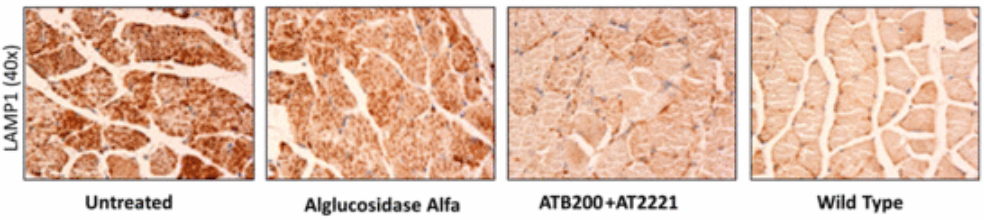
Preclinical Proof-of-Concept

ATB200 + Chaperone Results in Improved Substrate Clearance in Preclinical Models[1]

PAS-glycogen staining in Quadriceps



LAMP1 Immunohistochemical staining in Soleus



1. Following 2 doses of 20mg/kg alglucosidase alfa or ATB200 + AT2221 in Gaa KO mice, skeletal muscles evaluated for glycogen clearance and proliferated lysosomes. Treatment with alglucosidase alfa modestly reduced glycogen or proliferated lysosomes while ATB200, co-administered with AT2221 significantly decreased the muscle pathology associated with Pompe disease

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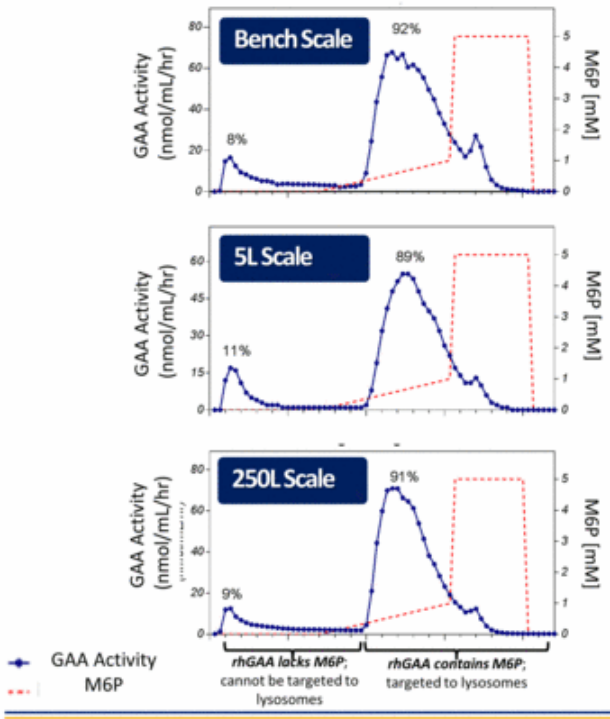
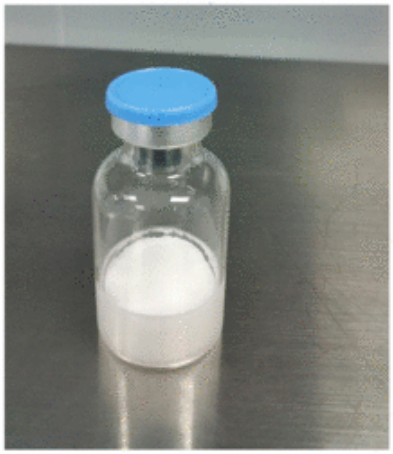
Biologics Manufacturing Capabilities

Optimized Glycosylation and Key Quality Attributes Maintained Through Scale Up

CI-MPR Receptor Chromatography



Lyophilized Vial of ATB200



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Clinical Study in Pompe Patients

Study Design Supported by US and EU Regulators

Stage 1 (Single Ascending Dose)

Single Dose ATB200 Every Other Week

ATB200 5 mg/kg → ATB200 10 mg/kg → ATB200 20 mg/kg

Stage 2 (Multiple Ascending Dose)

Fixed Dose ATB200 + Chaperone (AT2221) Every Other Week

ATB200 20mg/kg + AT2221 (Low Dose) 3 doses → ATB200 20mg/kg + AT2221 (High Dose) 3 doses

Long-Term Open Label Extension

Fixed Dose ATB200 + Chaperone (AT2221) Every Other Week

Assessments:

- Plasma PK (Enzyme Activity & Total protein)
- Safety/Tolerability
- Antibodies
- Infusion-Associated Reactions
- Pharmacodynamics (OLE)

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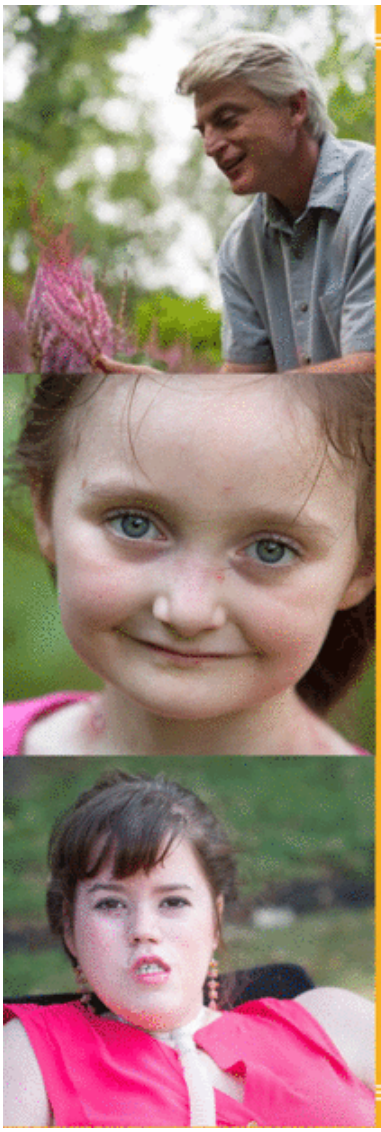


Financial Summary

Strong Balance Sheet to Invest in Rare Disease Pipeline

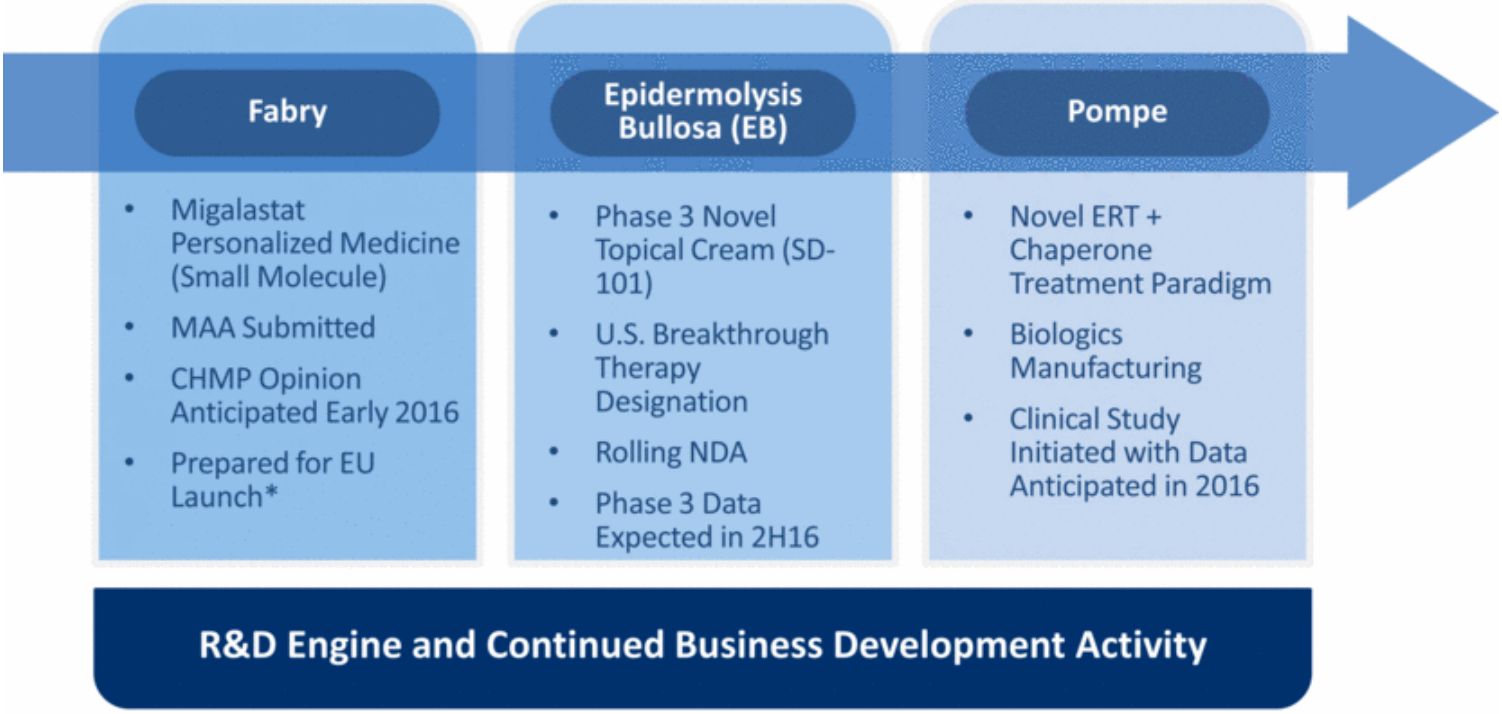
Strong Balance Sheet

Cash Position Provides Runway Under Current Operating Plan into 1H17

Financial Position	December 31, 2015
Current Cash:	$214M
Current Debt	$50M
FY16 Net Cash Spend Guidance:	$135M-$155M
Cash Runway	Mid-2017
Capitalization	
Shares Outstanding	125,027,034

Key Drivers of Value

3 Novel Product Candidates Each with $500M to $1B+ Market Potential

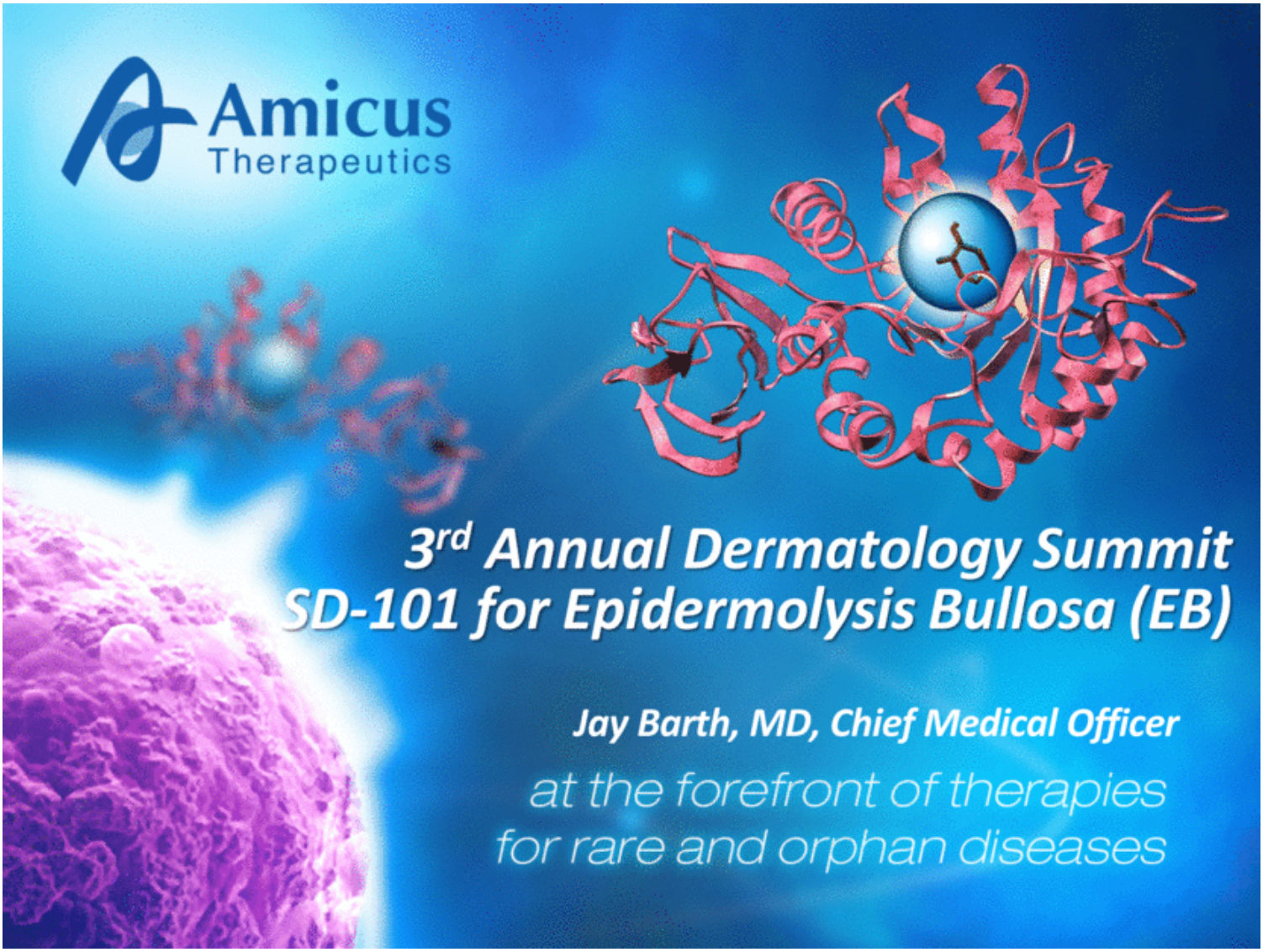


R&D Engine and Continued Business Development Activity

*Pending Approval

Thank You

Amicus Therapeutics®

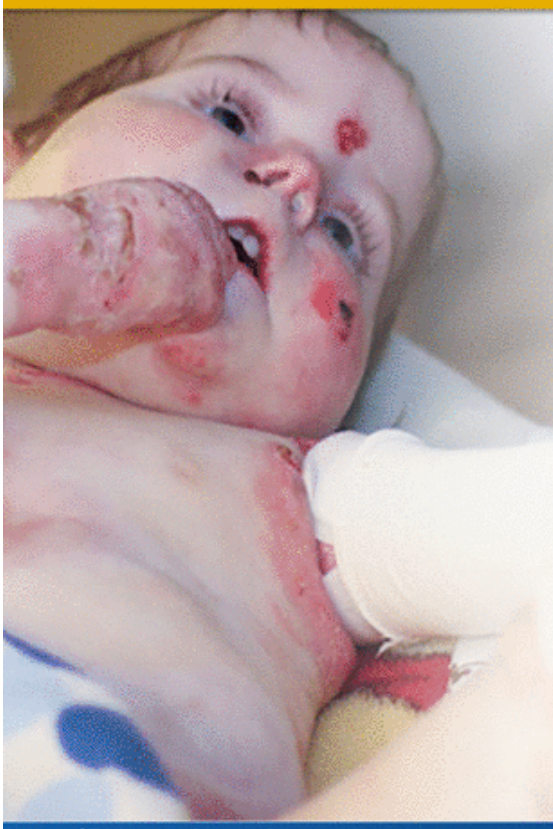

Amicus
Therapeutics
3rd Annual Dermatology Summit
SD-101 for Epidermolysis Bullosa (EB)
Jay Barth, MD, Chief Medical Officer
at the forefront of therapies
for rare and orphan diseases

Safe Harbor

This presentation will contain, "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to preclinical and clinical development of Amicus' candidate drug products, the timing and reporting of results from preclinical studies and clinical trials evaluating Amicus' candidate drug products, financing plans, and the projected cash position for the Company. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "potential," "plan," "targets," "likely," "may," "will," "would," "should" and "could," and similar expressions or words identify forward-looking statements. Such forward-looking statements are based upon current expectations that involve risks, changes in circumstances, assumptions and uncertainties. The inclusion of forward-looking statements should not be regarded as a representation by Amicus that any of its plans will be achieved. Any or all of the forward-looking statements in this press release may turn out to be wrong. They can be affected by inaccurate assumptions Amicus might make or by known or unknown risks and uncertainties. For example, with respect to statements regarding the goals, progress, timing and outcomes of discussions with regulatory authorities, and in particular the timing of an NDA submission for migalastat monotherapy, and the potential goals, progress, timing and results of preclinical studies and clinical trials, actual results may differ materially from those set forth in this release due to the risks and uncertainties inherent in the business of Amicus, including, without limitation: the potential that results of clinical or pre-clinical studies indicate that the product candidates are unsafe or ineffective; the potential that it may be difficult to enroll patients in our clinical trials; the potential that regulatory authorities may not grant or may delay approval for our product candidates; the potential that preclinical and clinical studies could be delayed because we identify serious side effects or other safety issues; the potential that we will need additional funding to complete all of our studies and, our dependence on third parties in the conduct of our clinical studies. Further, the results of earlier preclinical studies and/or clinical trials may not be predictive of future results. With respect to statements regarding projections of the Company's cash position, actual results may differ based on market factors and the Company's ability to execute its operational and budget plans. In addition, all forward looking statements are subject to other risks detailed in our Annual Report on Form 10-K for the year ended December 31, 2014 and Form 10-Q for the quarter ended June 30, 2015. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, and Amicus undertakes no obligation to revise or update this news release to reflect events or circumstances after the date hereof. This caution is made under the safe harbor provisions of Section 21E of the Private Securities Litigation Reform Act of 1995.

Epidermolysis Bullosa (EB)

Rare, Devastating, Connective Tissue Disorder with No Approved Treatments



- Multiple genes cause disease which results in fragility of skin and can also affect internal organs
- Diagnosed from infancy to adulthood
- Severe blistering, open wounds and scarring in response to minor friction to the skin
- Disfiguring, excruciatingly painful, and can be fatal
- Given lack of treatment, any reduction in disease symptoms would be considered meaningful
- 30,000 – 40,000 **diagnosed** patients in major global regions

[1] Third party market research

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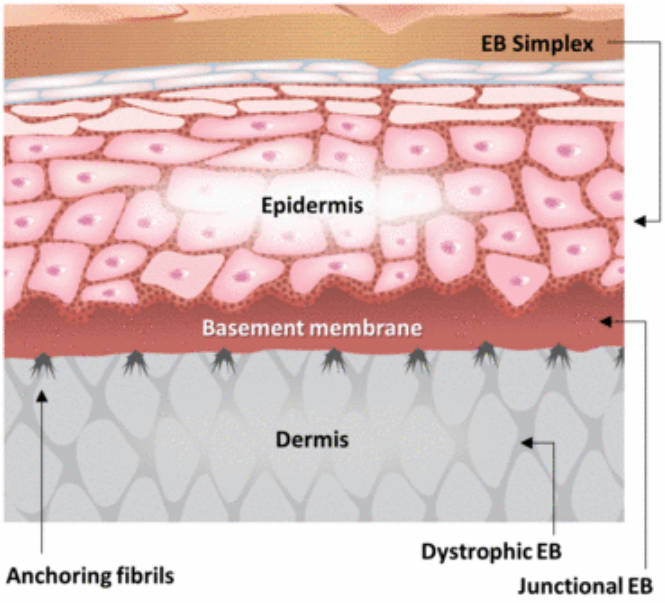
Three Major EB Subtypes

Three Major EB Subtypes Differ By Physical Manifestations, Genetic Makeup, and Prognosis

Skin structure

Sites of primary blister formation



EB subtypes

Represent ~99% of EB Population

Subtypes	Symptoms	Frequency
Junctional	▪ External blistering ▪ Internal blistering (oral tract, internal organs) ▪ Severe complications can become fatal early in life	~5%
Dystrophic	▪ External blistering ▪ Narrowing of esophagus ▪ Higher risk of aggressive skin cancer ▪ Associated with mortality	~20%
Simplex	▪ Localized and generalized external blistering	~75%

Mortality risk

SD-101 being developed for all major EB subtypes

Source: Adapted from DebRA America

SD-101 Overview

Patented High Concentration Allantoin with Breakthrough Therapy Designation

Novel, Proprietary Topical Cream Promotes Healing of Wounds in EB and is Differentiated by Applicability for All Major EB Subtypes

Active Ingredient & ROA	Proprietary topical cream containing 6% allantoin, applied to entire body once daily
Proposed Indication	All major EB subtypes (Simplex, Dystrophic, Junctional)
Development Phase	Phase 3 registration study (SD-005) ongoing
Proposed MOA*	Aids inflammatory response, bactericidal effects, loosens protein bridges, promotes collagen
Formulation	Patented formulation to deliver high concentration in highly stable, soluble form

*Margraf and Covey 1977; Meixell and Mecca 1966; Settle 1969; Flesch 1958; Fisher 1981; Cajkovac et al., 1992; Medda 1976

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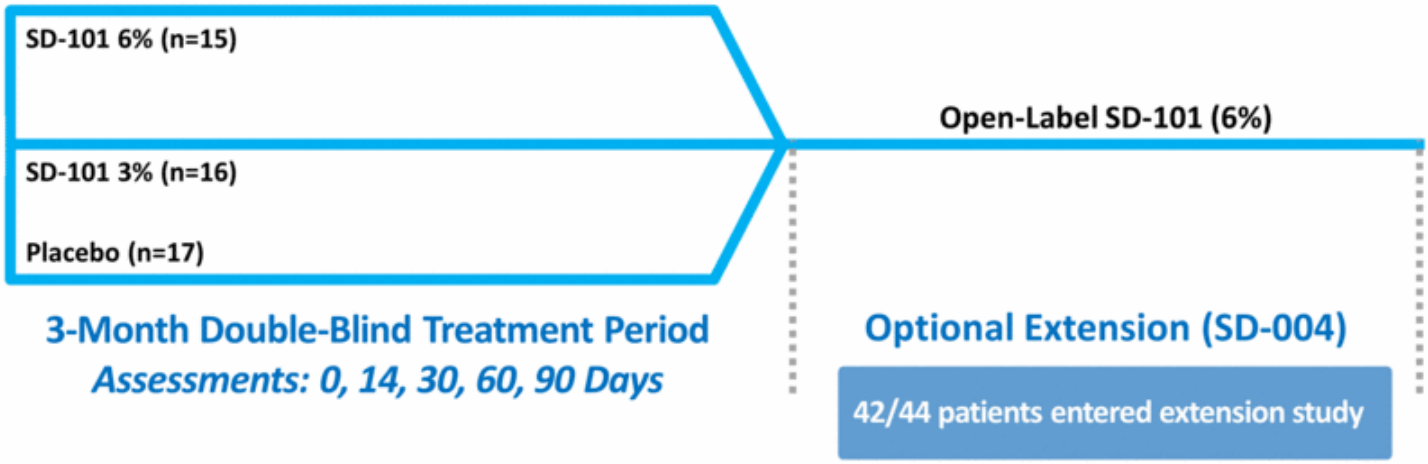
Phase 2b (Study 003) Design

48 EB patients (age ≥ 6 months) - 1:1:1 Randomization - Daily Topical Application*



3-Month Double-Blind Treatment Period

Assessments: 0, 14, 30, 60, 90 Days

Optional Extension (SD-004)

42/44 patients entered extension study

Primary Efficacy Endpoint:
Target Wound Healing at Month 1

- Baseline wound: Chronic (≥ 21 days), size 5-50 cm^2

***Initial Disease Severity**: Mean target lesion size (cm^2) 14.0 (range 5-39); mean lesional BSA: 19.4% (range 0.4-48%); mean wound age (days): 182 (range 21-1,639)*
***EB Subtypes enrolled**: Simplex (n=11), Recessive Dystrophic (n=29), and Junctional (n=8)*

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Phase 2b (Study 003) Safety Summary

Adverse Events Similar Across Treatment Arms of Placebo, SD-101 3%, and SD-101 6%

- Treatment-emergent adverse events (TEAE) generally similar across treatment groups
- No deaths and no severe TEAEs
- No serious adverse events reported in SD-101 6% group

Treatment Emergent Adverse Events ≥10% Frequency

	Placebo	SD-101 3%	SD-101 6%
N subjects	17	16	15
N subjects with TEAEs (%)	12 (70.6)	13 (81.3)	9 (60.0)
Nasopharyngitis	12%	25%	7%
Pyrexia	12%	19%	33%
Application Site Pain	6%	19%	13%
Pain	-	-	13%
Skin and Subcutaneous Tissue Disorders	35%	19%	20%
Pruritus	6%	13%	13%
Rash	12%	-	7%
Rash Erythematous	12%	-	-
Cough	6%	-	13%
Oropharyngeal Pain	12%	-	-
Rhinorrhea	-	-	13%
Vomiting	6%	6%	13%
Headache	12%	-	7%

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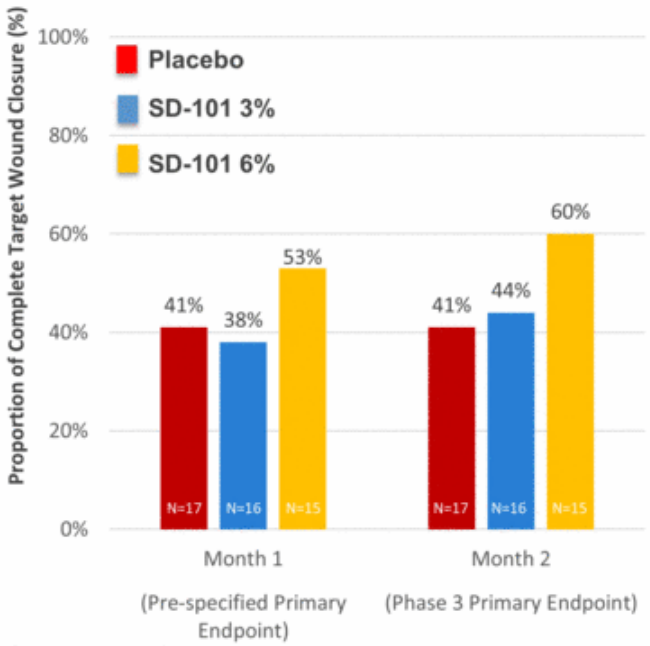
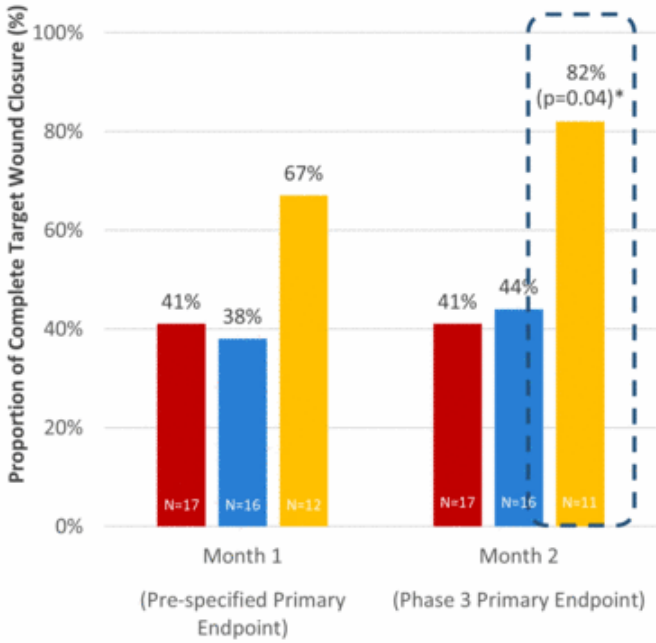
Phase 2b (Study 003) Primary Endpoint Results
% Patients with Complete Closure of Target Wounds

SD-101 6% Demonstrated Higher Proportion of Complete Target Wound Closure at Pre-Specified Endpoint and Subsequently During the Study

ITT Population (n=48)



Evaluable Population (n=45)



*SD-101 6% vs placebo, unadjusted p=0.04

Excluded from Evaluable population: 1 patient (due to lost to follow-up), 2 patients (did not have single identified and qualified target lesion), 1 additional patient lost to follow-up after Month 1 visit and is excluded from target wound assessment at later time points

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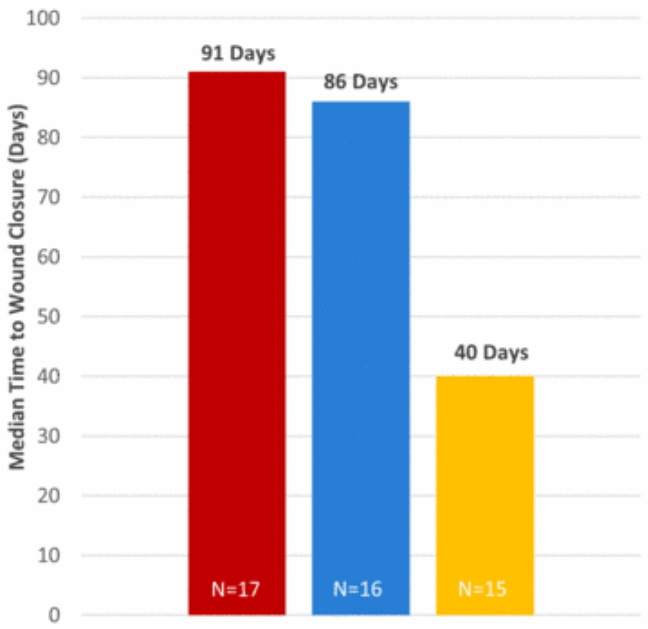
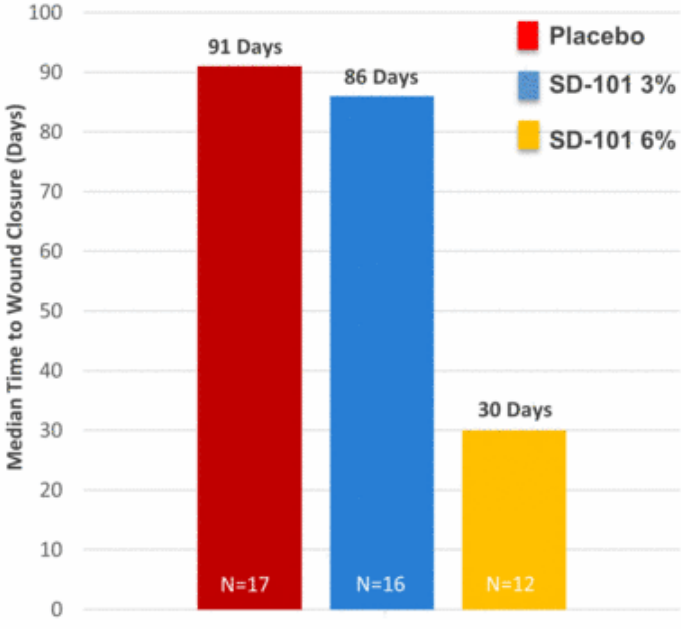
Phase 2b (Study 003) Secondary Endpoint
Median Time to Wound Closure

SD-101 6% Showed Fastest Time to Wound Closure in Both ITT and Evaluable Populations

ITT Population (n=48)



Evaluable Population (n=45)



Excluded from Evaluable population: 1 patient (due to lost to follow-up), 2 patients (did not have single identified and qualified target lesion)

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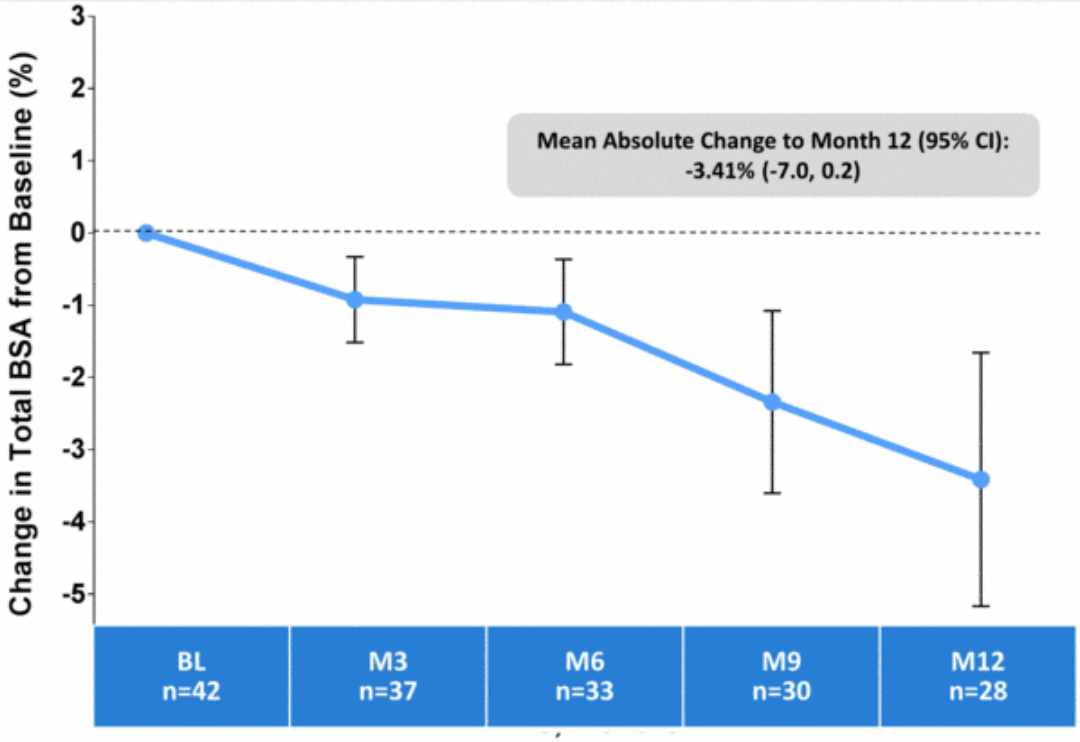
Phase 2b Open-Label Extension (Study 004) Total Body Surface Area of EB Lesions

Reductions in Total BSA of EB Lesions Observed Through Month 12 in Patients Receiving SD-101 6%



Note: Mean and SEM on change from baseline are plotted. Study 004 Total BSA baseline values are: N=42 Baseline population: 11.3

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Phase 2b (Study 003): Results Summary and Key Learnings

Phase 2b Learnings Informed Dose Selection, Patient Population, and Primary Endpoint for Phase 3 Trial

- SD-101 6% concentration selected for Phase 3 study based on Phase 2b dose response
- Placebo response minimized by analyzing subgroup of patients with wounds ≥ 10 cm^2
  - Complete target wound closure SD-101 6% - 50% (n= 4) vs. Placebo - 12.5% (n=8) at Month 2
- Phase 2b results used to calculate appropriate sample size in Phase 3 study
  - $p \leq 0.05$ if treatment difference ~17% or greater
- Wound closure at Month 2 (versus Month 1) is optimal time to measure primary endpoint
  - Increases ability to distinguish SD-101 vs placebo
  - Endpoint accepted by FDA and EU regulators
- Defined approval pathway with Phase 3 study design based on EMA and FDA feedback

Pivotal Phase 3 (Study 005) Underway

Study Design Supported by Both FDA and EMA

Phase 3 Initiated in 2Q15 and Currently Enrolling Patients
Top-line data expected 2H 2016

SD-101 6%

~150 EB patients (age ≥ 1 month)
1:1 Randomization - Daily Topical Application

Placebo

3-Month Double-Blind Treatment Period
Assessments: 0, 14, 30, 60, 90 Days

Optional Extension (SD-006)

Open-Label SD-101 (6%)

38/38 Patients Who Completed Study 005 Continued in Open-Label Extension (Dec. 2015)

Primary Efficacy Endpoint: Target Wound Healing at Month 2

- US and EU regulatory authorities agreed to target wound healing as primary endpoint
- Baseline wound: Chronic (≥ 21 days), size ≥10 cm^2

Secondary Endpoints

- Time to target wound closure; Change in Body Surface Area (BSA) of lesions and blisters; itching; pain

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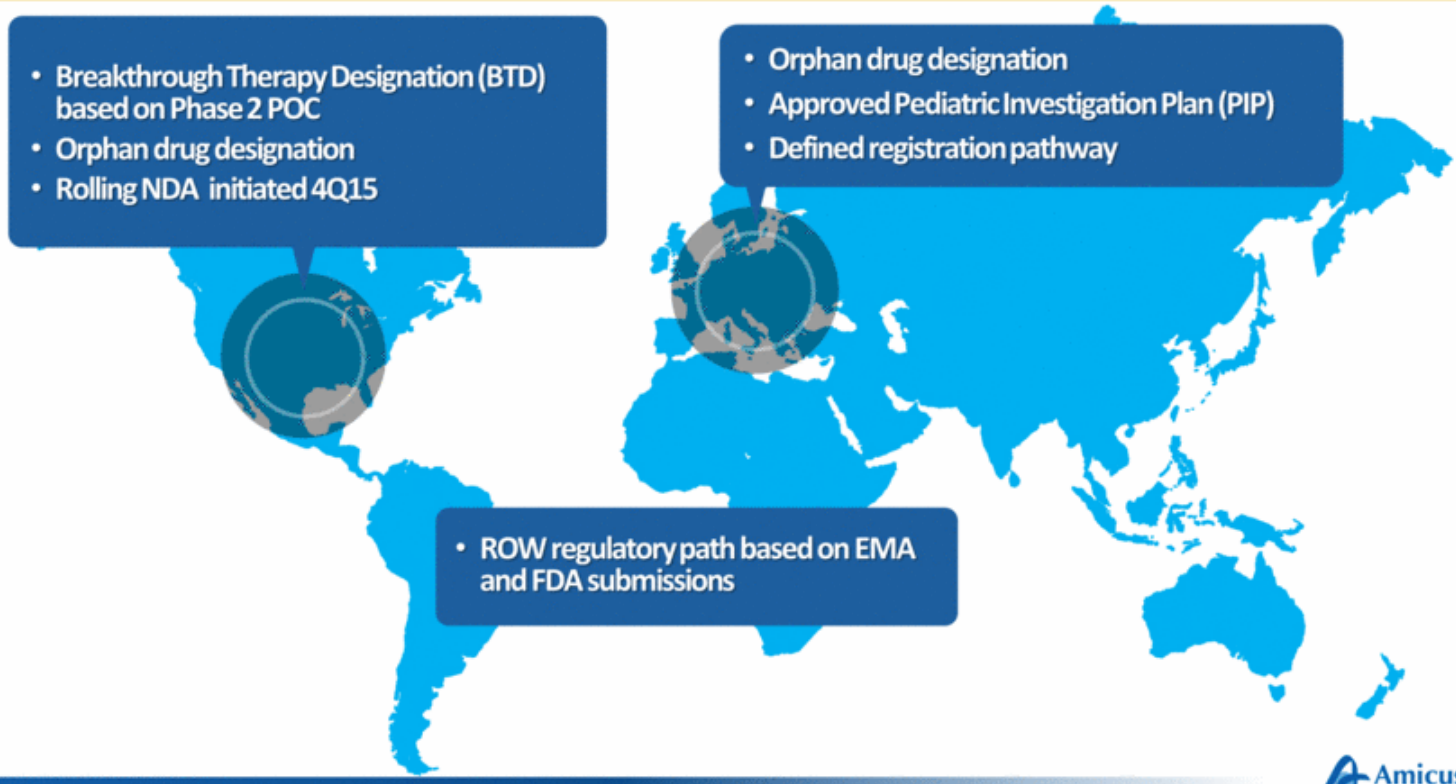
SD-101 Regulatory Pathway
Rolling NDA Initiated 4Q15

FDA and EMA Aligned on Phase 3 Study Design and Feedback to Date Provides Defined Registration Pathway for SD-101 in Major Subtypes of EB



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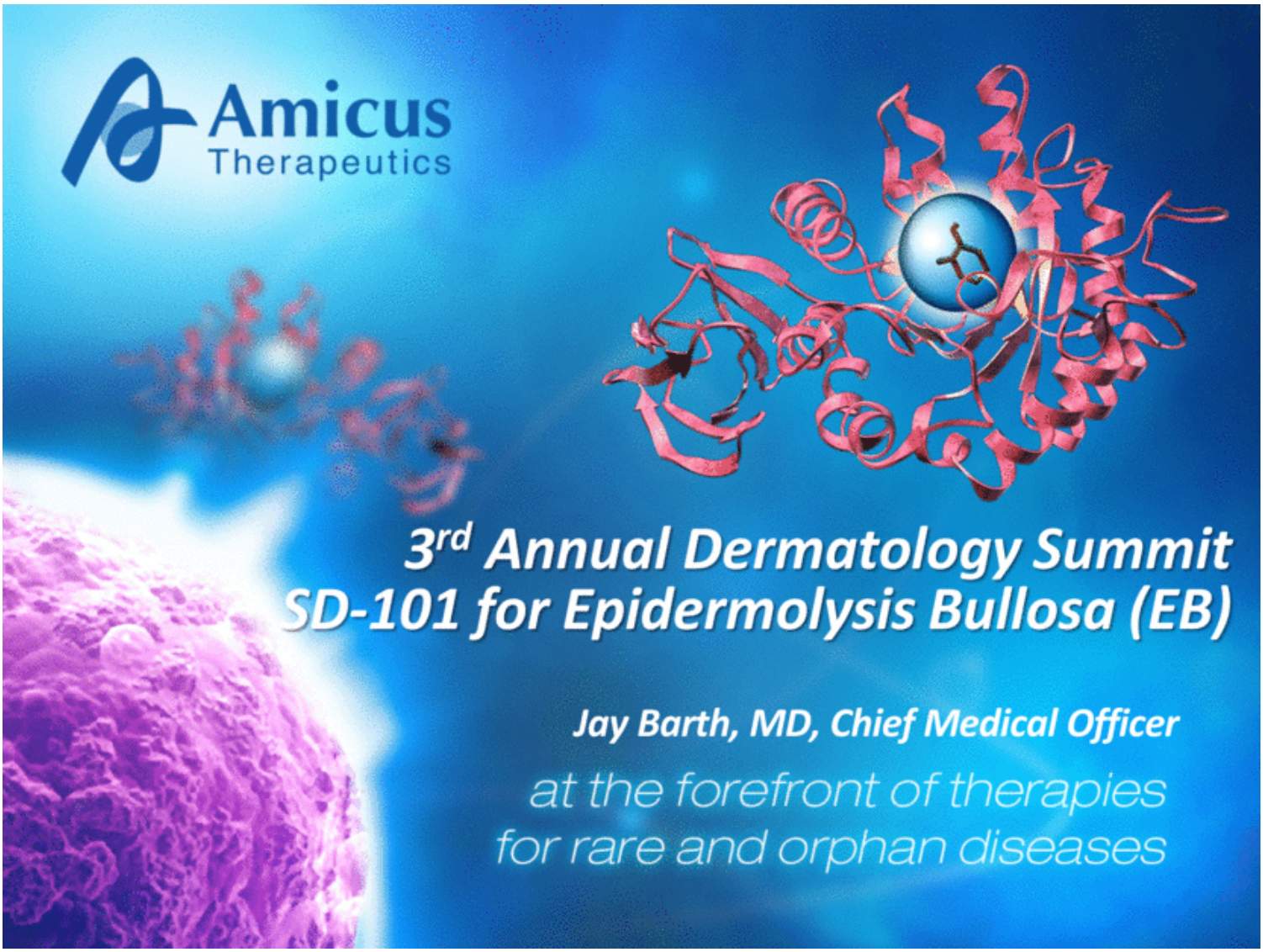
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Therapeutics
3rd Annual Dermatology Summit
SD-101 for Epidermolysis Bullosa (EB)
Jay Barth, MD, Chief Medical Officer
at the forefront of therapies
for rare and orphan diseases