FORM 4

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

Washington, I	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Castelli Jeff						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [ FOLD ]								(Chec	k all app Direc	licable)	ng Person(s) to Is 10% Ov Other (s		wner
(Last) 47 HULI	(Last) (First) (Middle) 47 HULFISH STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024								- X	belov	below) Chief Develo		below) t Officer	
(Street) PRINCETON NJ 08542						4. If Amendment, Date of Original Filed (Month/Day/Year) 01/11/2024								6. Indi Line) X	X Form filed by One Reporting Person				
(City)	(St	ate) (Ž	e) (Zip)				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 - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Bene	ficially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securitie Disposed C						5. Amo Securit Benefic Owned Report	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	(A) or (D) Pric		Transaction(s) (Instr. 3 and 4)				(111341. 4)
Common Stock 01/09/20						2024					14,405	A		<b>\$0.0</b> <sup>(1)</sup>	387,210(2)		I	D	
Common Stock 01/09/20					2024				F		10,005	D	D \$13		377,205(2)		D		
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)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Insti		De Se (In:	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Ind (I) (In	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Explanation of Responses:			Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numl of Share	ber							
⊏xpianatioi	or kespons	ses.																	

- 1. Granted for the achievement of the 2021 PRSU TSR goal as determined by the Compensation and Leadership Development Committee of the Board of Directors.
- 2. On January 11, 2024, the reporting person filed a Form 4 which inadvertently excluded the acquisition of shares granted for the achievement of the TSR portion of the 2021 PRSU award and inadvertently reported incorrect holdings following shares being withheld for taxes. This Form 4 amendment reflects both transactions and the reporting person's holdings following those transactions correctly

/s/ Christian Formica, 03/15/2024 Attorney-in-Fact

\*\* 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.