Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person Crowley John F						AMICUS THERAPEUTICS INC [FOLD]								Relationship of the control of the c	cable)	g Pers	10% Ov	
(Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC. 6 CEDAR BROOK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 10/28/2008								X Officer below)		Other (s below) at & CEO		pecify	
(Street)			08512		- 4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3	tate)	(Zip)	n Dori	rotivr			tion Ac	auirod	l Die	nocod o	or Box	noficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	2A. Deemed			quired, Disposed of, 3. 4. Securities Transaction Code (Instr. 8)		ies Acquire	d (A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	ount (A) or (D)				Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock			10/28	3/2008				М		30,000	30,000 A		75 108	108,736		D		
Common	Stock			10/28	3/2008	В			М		10,000) A	\$5.32	5 118	5 118,736 D		D	
			Table II -									or Bene ble secu		Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactio Code (Inst				6. Date Exercis Expiration Date (Month/Day/Ye		е	7. Title an of Securit Underlying Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$0.6375	10/28/2008			М			30,000	(1)		01/06/2015	Common Stock	30,000	\$0.00	49,93	1	D	
Employee Stock Option (right to	\$5.325	10/28/2008			М			10,000	(2)		10/20/2015	Common Stock	10,000	\$0.00	90,000	0	D	

Explanation of Responses:

- 1. These options vest and become exercisable in a series of installments. The first installment, which consisted of 25% of the total aggregate number of options granted, vested on January 6, 2006. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments of 6,246 shares, beginning on February 1, 2006, with a final installment of 6,268 shares vesting on January 1,
- 2. These options vest and become exercisable in a series of installments. The first installment, which consisted of 25% of the total aggregate number of options granted, vested on October 20, 2006. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments of 2,083 shares, beginning on November 1, 2006, with a final installment of 2,095 shares vesting on October 1, 2009.

Remarks:

buy)

/s/ John F. Crowley

10/29/2008

** Signature of Reporting Person

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.