Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL														
	OMB Number:		;	3235-028											
- 1	1														

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average bu	ırden
hours per response:	0.5

Name and Address of Reporting Person* Baird William D III						2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]									all applic Directo	cable) or (give title	g Pers	Person(s) to Issuer 10% Owner Other (specify below)	
(Last) (First) (Middle) 1 CEDAR BROOK DRIVE, C/O AMICUS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/15/2018									Chief Financial Officer				
(Street) CRANBURY NJ 08512					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																
		Tab	le I - I	Non-Deri	vativ	e Sec	curit	ies Ad	quire	ed, D	isposed o	f, or B	eneficia	ally	Owned				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				2A. Deemed Execution Date, if any (Month/Day/Year)		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(11341.4)	
Common	Stock		10/15/2018					M		10,000	A	\$2.4	.45 1		7,622		D		
Common	Stock			10/15/2	2018				S ⁽¹⁾		10,000	D	\$12.22	75 ⁽²⁾	117	7,622		D	
		-	Table								sposed of, , converti				wned				
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)			vative urities uired or oosed O) (Instr.	Expira	te Exer ation D th/Day/	Year) Underlying Derivative Secu (Instr. 3 and 4)		rities ing ve Securit and 4)	Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	r					
Stock Options	\$2.45	10/15/2018			M			10,000	(3	3)	01/03/2024	Commo	n 10,00	0	\$0.00	24,000)	D	

Explanation of Responses:

- 1. The exercise of stock options and subsequent sale of common stock were made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 9, 2017.
- 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 \$12.09 to \$12.34. 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 October 15, 2018.

Remarks:

buy)

Carol Welch Attorney-in-Fact for William D. Baird, III

10/17/2018

** 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.