FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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 Instruction 1(b).

Name and Address of Reporting Person* Crowley John F					2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS, INC. [FOLD										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Crowicy John F															X Direct		tor		10% O\			
(Last)	(Fir	st) (I	Middle	e)	Ĺ	<u>'</u>										Officer (give title below)			Other (s	specify		
C/O AMICUS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year)									Executive Chairman							
3675 MARKET STREET					109/	09/01/2022																
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)						2										Line)						
PHILAD	ELPHIA P.	A :	1910	4											X	X Form filed by One Reporting Person						
-															Form filed by More than One Reporting Person					orting		
(City)	(Sta	ate) (Z	Zip)																			
		Table	l - N	Non-Deriva	tive	Secu	rities	Ac	quir	ed, D	isp	osed c	f, or I	Benefic	ially	Own	ed					
1. Title of S	Security (Inst	r. 3)		2. Transaction		2A. Deemed Execution Date,			3.			Securities			5. Amount of Securities					7. Nature of Indirect		
(Month/Day/Ye				ear) i			·	Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4 ar			i. 5, 4 and	Benef		icially (D)) or	Beneficial Ownership			
							- [Ť		<u>" </u>						Repor				(Instr. 4)		
								C		Code V		ount	(A) or (D)	(D) Price		(Instr. 3 and 4)						
Common Stock 09/01/2022					22	2			S ⁽¹⁾		11	1,346	D	\$11.29	11.2958(2)		867,365		D			
Common	Stock															64,895		I	By Trust			
		Tal	ble l	I - Derivati	ive S	ecuri	ties A	Acq	uire	d, Dis	spos	sed of	or Be	eneficia	ally C) Wne	d					
				(e.g., pı																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, ly nth/Day/Year)		eaction (Instr.	Expiration Date (Month/Day/Year)				Amo Secu Unde Deriv	erlying vative rity (Instr.	Der	Price of ivative curity etr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, C	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V (A) (D)						Expiratior Date	Title	Amount or Number of Shares									

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 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 \$10.96 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.

Remarks:

In addition to the reported transactions, Mr. Crowley also has approximately 557,000 options outstanding and exercisable at various strike prices.

/s/ Christian Formica, 09/06/2022 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.