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): **May 19, 2015**

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 8.01 — Other Events.

The senior management of Amicus Therapeutics, Inc. (the "Company") is using the presentation attached as Exhibit 99.1 to this Current Report in its current meetings with investors and analysts.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits: The Exhibit Index annexed hereto is incorporated herein by reference.

Exhibit Number	Description
99.1	Presentation Materials

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.

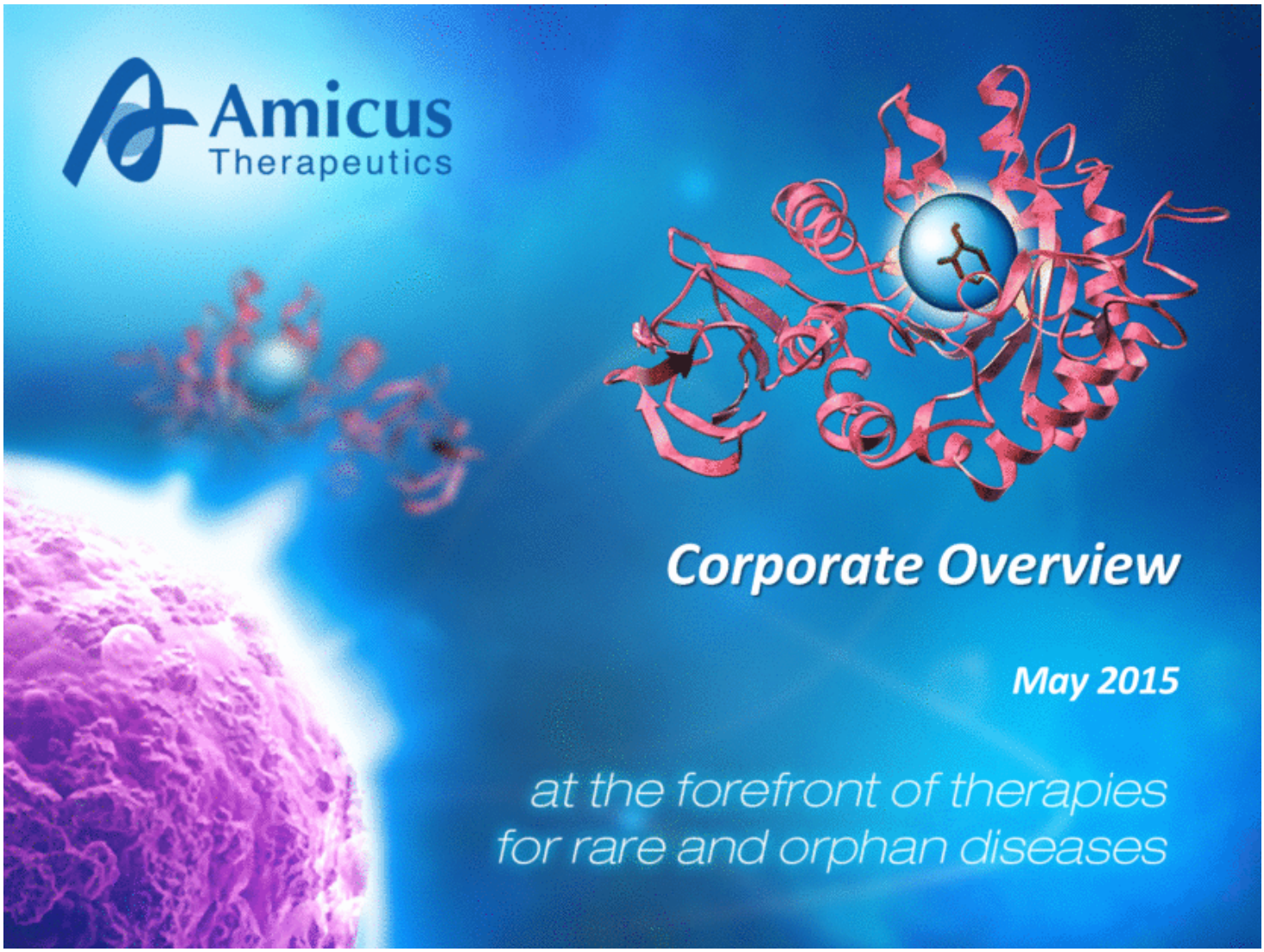
Date: May 19, 2015

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

EXHIBIT INDEX

Exhibit Number	Description
99.1	Presentation Materials

Exhibit 99.1


Amicus
Therapeutics
Corporate Overview
May 2015
at the forefront of therapies
for rare and orphan diseases

Safe Harbor

This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to business, operations and financial conditions of Amicus including but not limited to preclinical and clinical development of Amicus' candidate drug products, cash runway, and the timing and reporting of results from clinical trials evaluating Amicus' candidate drug products. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "plan," "would," "should" and "could," and similar expressions or words, identify forward-looking statements. Although Amicus believes the expectations reflected in such forward-looking statements are based upon reasonable assumptions, there can be no assurance that its expectations will be realized. Actual results could differ materially from those projected in Amicus' forward-looking statements due to numerous known and unknown risks and uncertainties, including the "Risk Factors" described in our Annual Report on Form 10-K for the year ended December 31, 2014. All forward-looking statements are qualified in their entirety by this cautionary statement, and Amicus undertakes no obligation to revise or update this presentation to reflect events or circumstances after the date hereof.

Company Mission

Amicus Therapeutics is a biopharmaceutical company at the forefront of developing next-generation medicines to treat a range of rare and orphan diseases, with a focus on improved therapies for Lysosomal Storage Disorders

Amicus Therapeutics

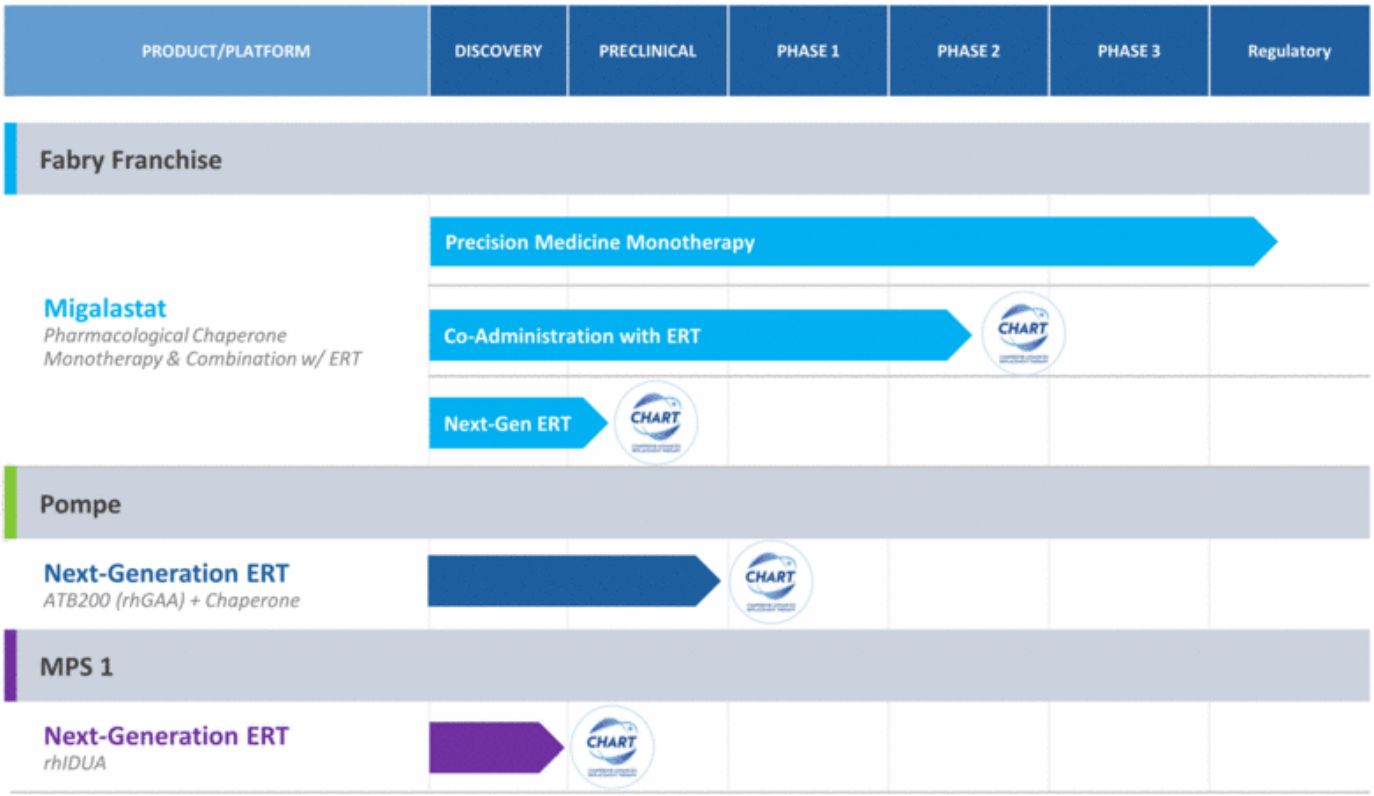
Amicus Value Proposition

Building a Leading Global Rare Disease Company to Transform Lysosomal Storage Disease (LSD) Treatment Paradigm

- Fabry franchise, led by novel pre-commercial oral medicine for patients with amenable mutations
- Next-generation preclinical Pompe ERT to improve significantly uptake and tolerability
- Multiple platform technologies to address current ERT limitations
- Financial strength to develop and deliver improved therapies to patients
- Experienced Leadership team

Amicus Therapeutics

Advanced Product Pipeline



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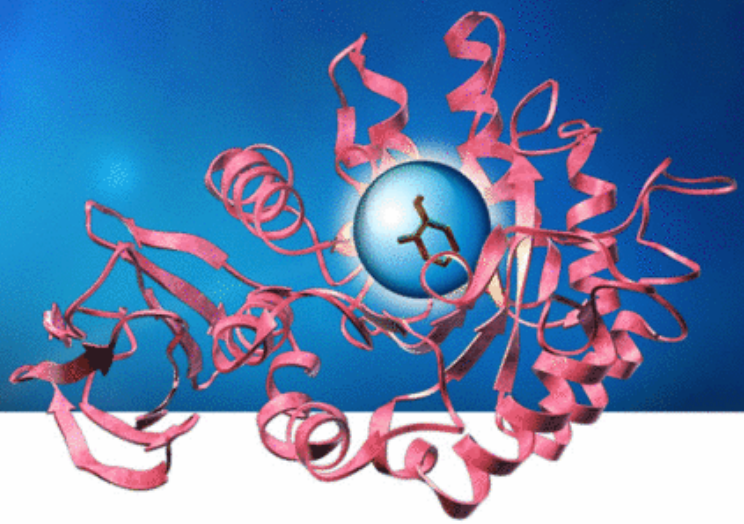
Amicus R&D Engine: Multiple Technology Platforms

Amicus Therapeutics

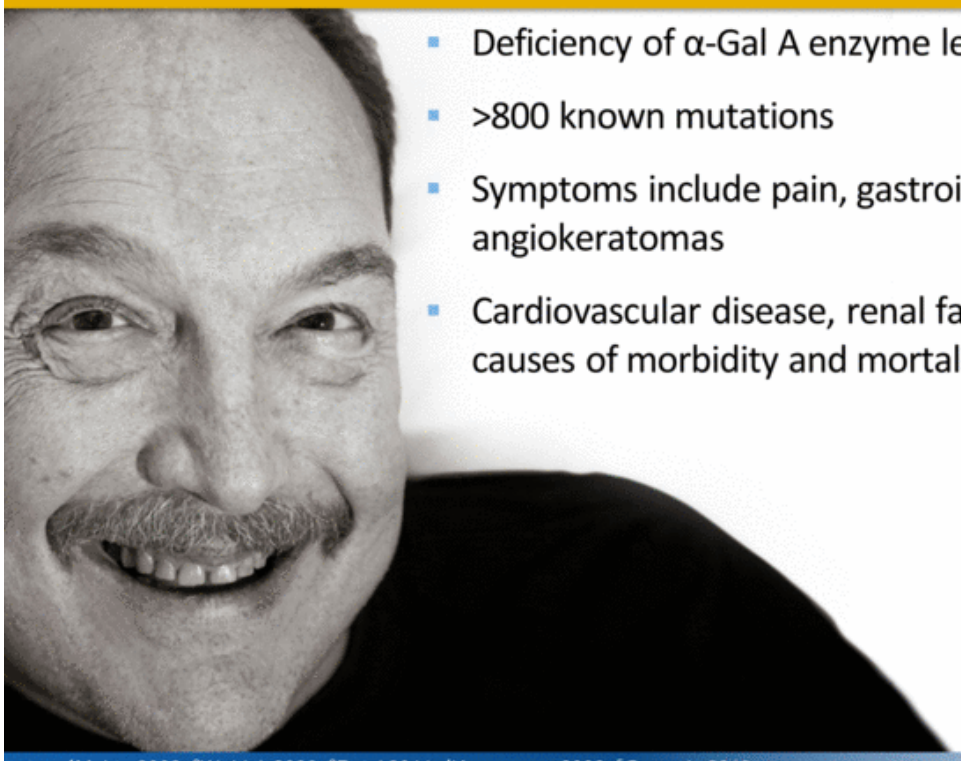
Amicus Therapeutics



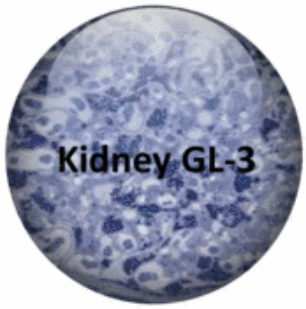
Fabry Franchise

Fabry Disease Overview

Fatal Lysosomal Storage Disorder with Significant Unmet Needs Despite Existing Therapies



- Deficiency of α-Gal A enzyme leading to GL-3 accumulation
- >800 known mutations
- Symptoms include pain, gastrointestinal problems, angiokeratomas
- Cardiovascular disease, renal failure, and stroke are leading causes of morbidity and mortality

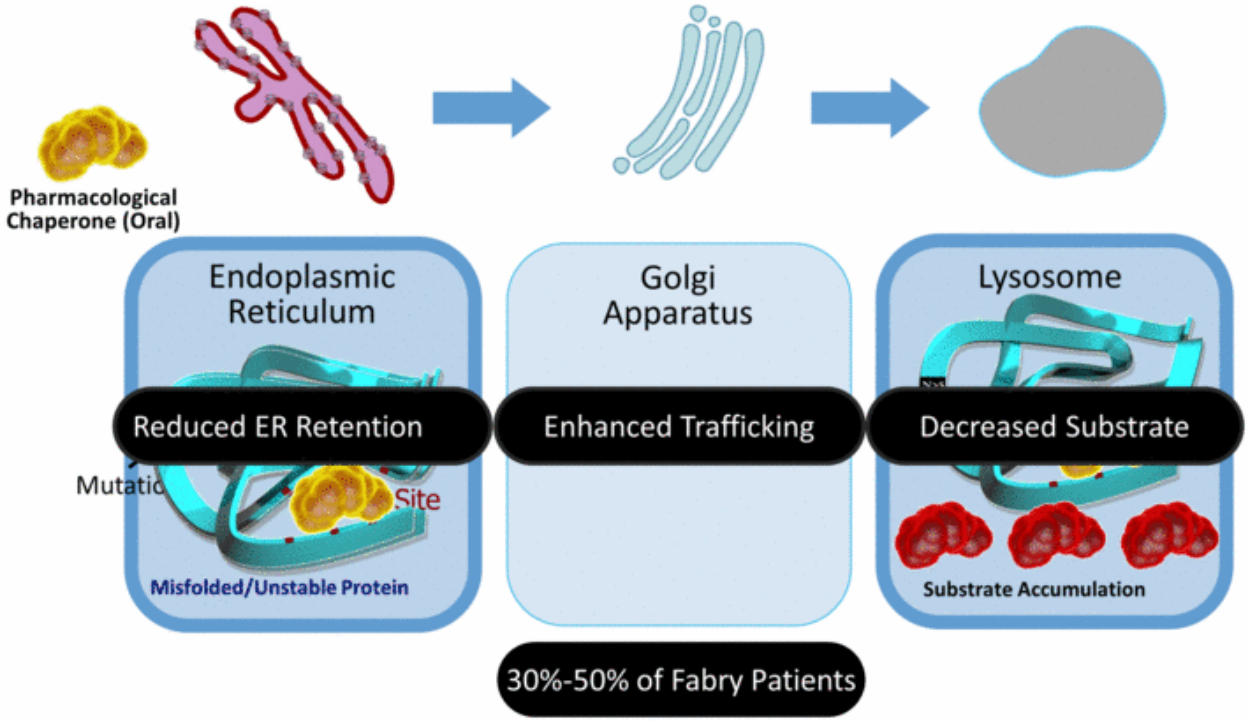


[1]Mehta 2009, [2]Waldek 2009, [3]Patel 2011, [4]Kampmann 2008, [5]Germain 2013

Amicus Therapeutics

Chaperone Monotherapy: Precision Medicine Approach

Unique Mechanism of Action with Orally Bioavailable, Precision Medicine Small Molecule for Fabry Patients with Amenable Mutations



30%-50% of Fabry Patients

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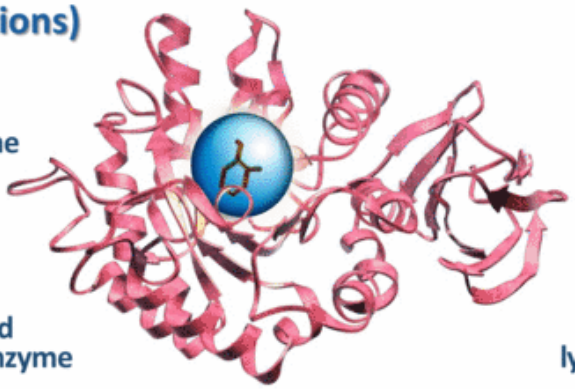
Fabry Franchise

Migalastat is Designed to Stabilize a Patient's Own Enzyme *or* an Infused ERT

Oral Precision Medicine Monotherapy (Amenable Mutations)

Binds to and stabilizes endogenous mutant enzyme (α-Gal) in ER

Increases trafficking and lysosomal levels of active enzyme



Chaperone + ERT (Non-Amenable Mutations)

Binds to and stabilizes exogenous enzyme (ERT) in circulation

Increases tissue uptake and lysosomal levels of active enzyme

LOWERED SUBSTRATE

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Migalastat Monotherapy Experience for Fabry

91 Patients Today Take Migalastat as Only Therapy for Fabry Disease*

Total patients who have ever taken migalastat:
143

Patients taking migalastat today as only therapy:
91

Total patient years of therapy:
411

Average retention rate into next study:
96%*

Maximum years on therapy:
9.0

Average Annual Compliance Rates:
>90%

Information as of January 2015. All patients are receiving investigational drug, migalastat HCl, as part of ongoing clinical trials
*Retention defined as # of patients who completed a study and chose to enter extension, e.g., Study 011 12-mo into 24-mo extension

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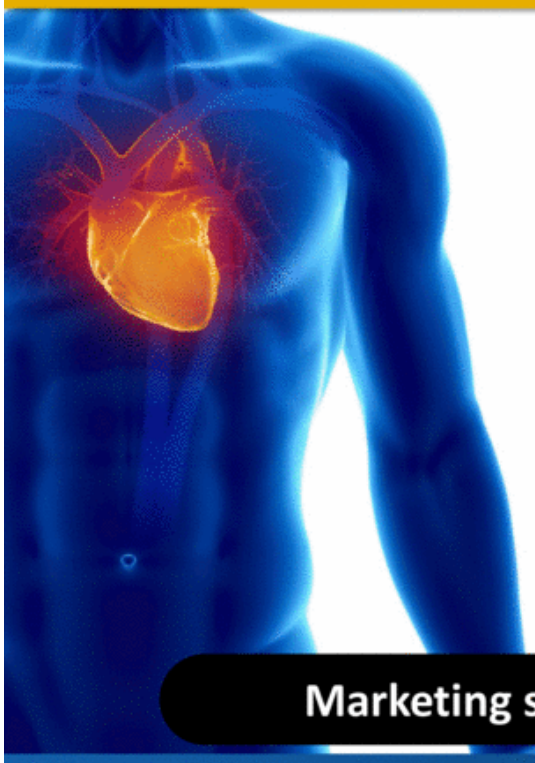
Two Successful Global Registration Studies

Positive Results Support Global Approvals of Migalastat for Patients with Amenable Mutations



Data in ERT-naïve (Study 011) and ERT switch (Study 012) patients show:

- Reduction in **disease substrate**
- Stability of **kidney function**
- Reduction in **cardiac mass** (LVMi)
- Improvement in **gastrointestinal symptoms**
- Generally **safe** and **well tolerated**

Marketing submissions planned in 2015

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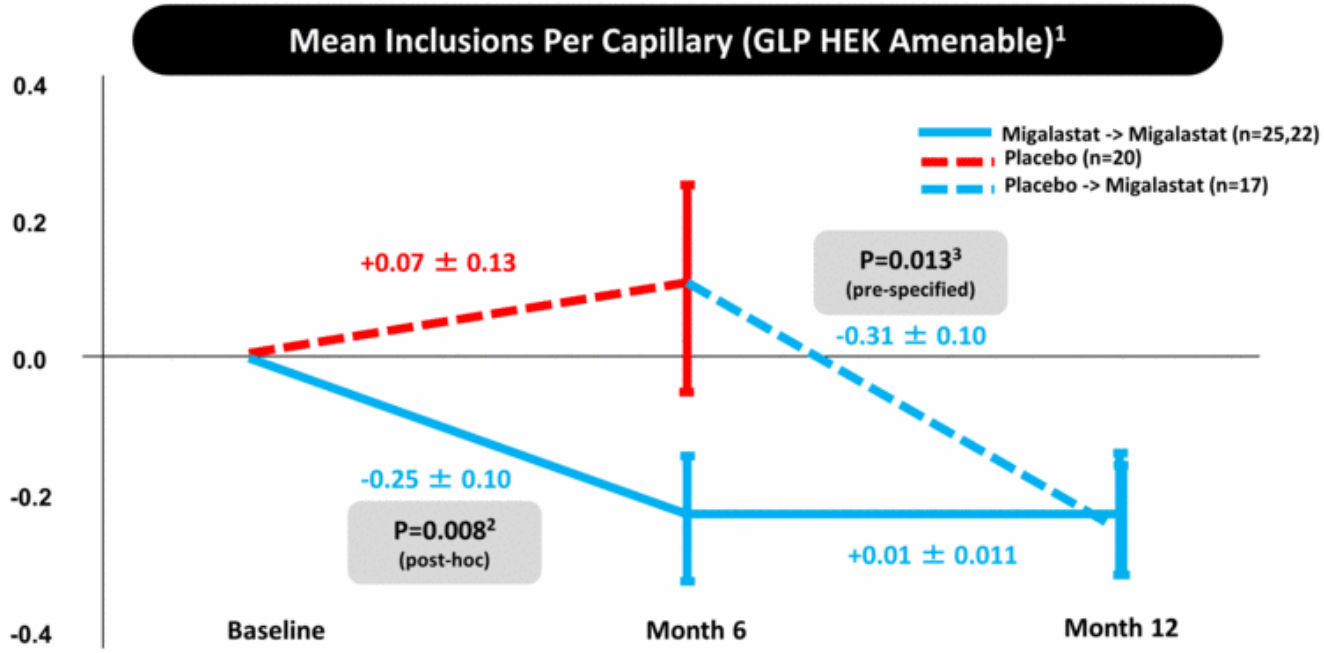
Phase 3 (Study 011) Primary Efficacy Analysis

Statistically Significant Reduction in Disease Substrate (Kidney IC GL-3)*



*All patients with evaluable paired biopsies and amenable GLA mutations in GLP-validated HEK assay – post hoc at month 6 and pre-specified at month 12 [1]Data points are baseline corrected; represent mean ± standard error (SEM) change from baseline in the mean number of GL-3 inclusions per capillary after 6 months of treatment with migalastat or placebo. [2]Analysis of covariance (ANCOVA) model with covariate adjustment for baseline value and factors for treatment group and treatment by baseline interaction. P-value corresponding to least-square mean difference between migalastat and placebo is displayed. [3]MMRM Pbo change M6 to M12.

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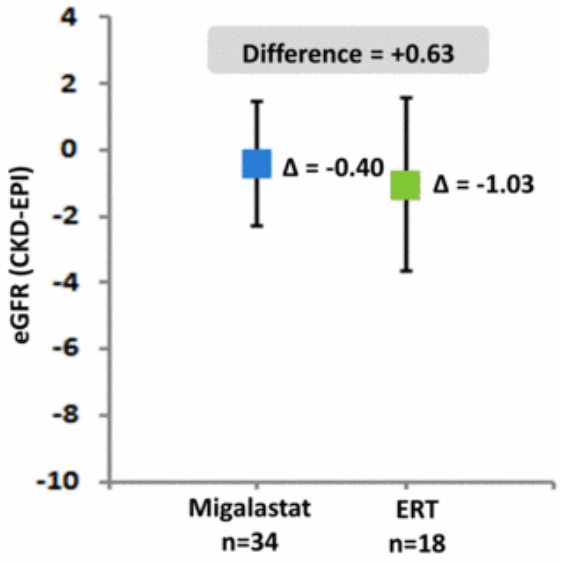
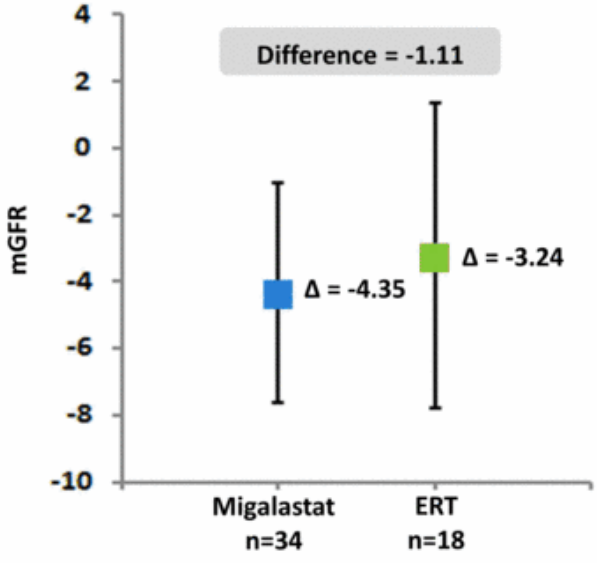
Phase 3 (Study 012) Primary Efficacy Analysis

Met Co-Primary Endpoints Showing Comparability of Kidney Function in Patients Switched from ERT to Migalastat

Annualized Rate of Change in eGFR and mGFR at Month 18 (ml/min/1.73 m^2)





[1] **ANCOVA** model [mITT]. Data represent LS means and 95% confidence intervals

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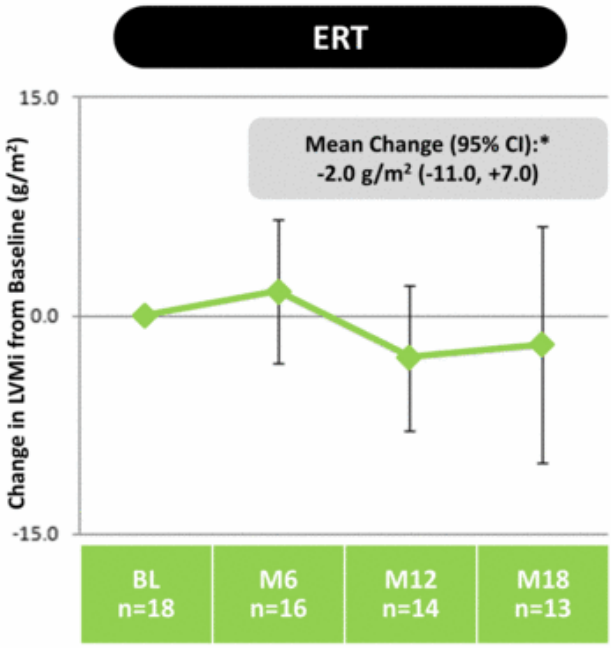
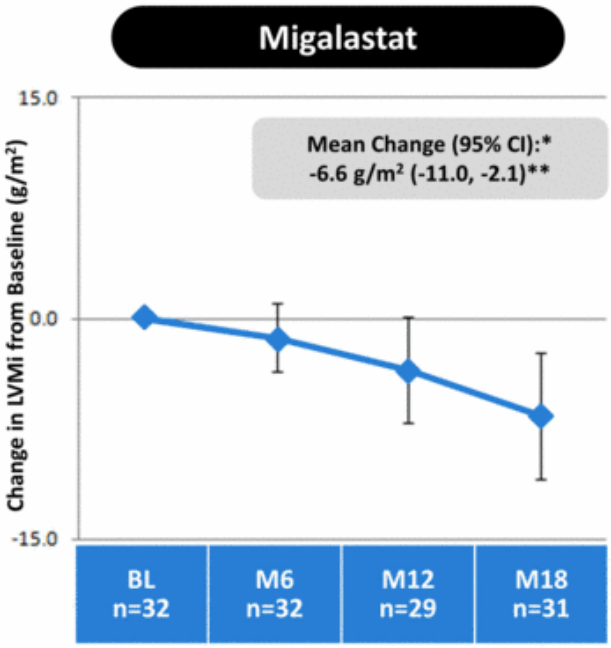
Phase 3 (Study 012) Cardiac Data

Reductions in LVMi Observed in Patients Switched from ERT Through Month 18 *





*Mean change to month 18 (mITT; amenable mutations) **Statistically significant (95% CI does not overlap zero)

Note: Mean and 95% confidence intervals on change from baseline are plotted

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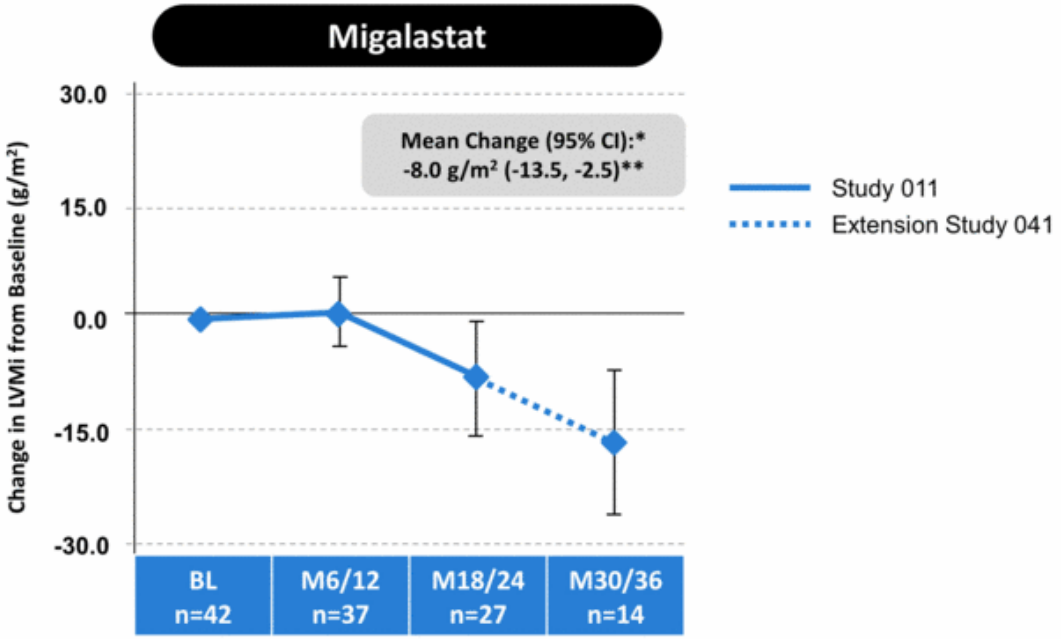
Phase 3 (Study 011+041) Cardiac Data

New Data Show Migalastat Has Persistent and Increasing Positive Effect on LVMi Over Longer Periods of Time (Up to 36 Months)



*Mean change to last available time point (average 22 months) in all patients with amenable mutations with baseline and post-baseline values.
**Statistically significant (95% CI does not overlap zero)
Sample size differences due to subjects not yet reaching a given timepoint or due to missing Echos

Note: Mean and 95% confidence intervals on change from baseline are plotted

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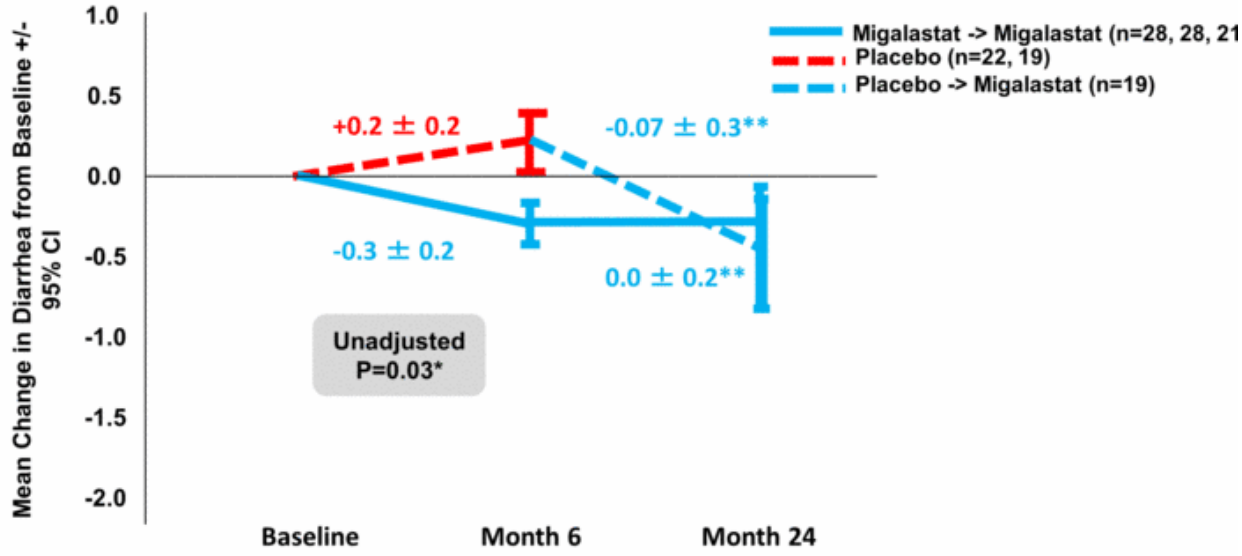
Phase 3 (Study 011) Patient-Reported Outcomes

Significant Reduction in Diarrhea Reported with Migalastat vs. Placebo at Month 6 was Persistent and Durable Through Month 24

Mean Decrease in Diarrhea (GSRS) in Study 011 (All Subjects)[1]



[1]Schiffmann, *et al.*, **WORLD*Symposium*™ 2015**

GSRS is Gastrointestinal Symptoms Rating Scale

***ANCOVA, **Statistically significant (95% CI does not overlap zero)**

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Phase 3 (Study 011) Patient-Reported Outcomes

Improvements in Indigestion and Favorable Trends in Reflux and Constipation Also Observed with Migalastat

Gastrointestinal Symptoms Rating Scale										
GSRS Domain	Diarrhea		Reflux		Indigestion		Constipation		Abdominal Pain	
Treatment Group	Migalastat	Placebo	Migalastat	Placebo	Migalastat	Placebo	Migalastat	Placebo	Migalastat	Placebo
Baseline Values: Mean (n)										
All Patients	2.3 (28)	2.1 (22)	1.4 (28)	1.4 (22)	2.5 (28)	2.4 (22)	1.9 (28)	2.0 (22)	2.1 (28)	2.3 (22)
Pts with BL Symptoms	3.2 (17)	3.1 (11)	2.1 (10)	2.6 (6)	2.8 (23)	2.7 (19)	2.5 (17)	2.4 (15)	2.4 (22)	2.9 (15)
Change from Baseline to Month 6 (Stage 1, Double Blind)										
All Patients	-0.3*	+0.2	-0.1	+0.2	-0.1	-0.1	+0.1	+0.2	0.0	0.0
Pts with BL Symptoms	-0.6	+0.2	-0.6*	+0.6	-0.2	-0.2	+0.2	+0.1	-0.1	-0.1
Change from Baseline (Migalastat) or Month 6 (Placebo) to Month 24 (Open-Label Extension Migalastat Treatment)										
All Patients	-0.5 (-0.9, -0.1)**		-0.2 (-0.5, 0.2)		-0.4 (-0.7, -0.04)**		-0.4 (-0.7, 0.0)		-0.2 (-0.5, +0.1)	
Pts with BL Symptoms	-1.0 (-1.5, -0.4)**		-0.6 (-1.5, 0.2)		-0.5 (-0.8, -0.06)**		-0.5 (-1.1, 0.0)		-0.2 (-0.6, 0.1)	

*p≤0.05 based on ANCOVA; **Statistically significant based on 95% CIs. LS Means shown for change from baseline

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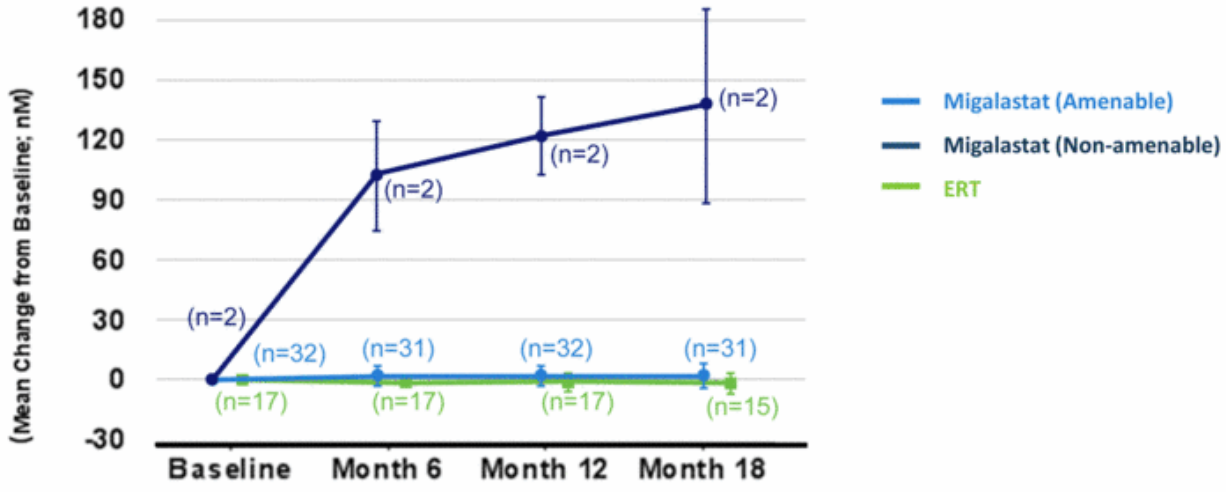
Phase 3 Validation of Personalized Medicine Approach

Lyso-Gb3 Data Validate Pharmacogenetic Approach to Identify Patients Who Respond to Migalastat

Plasma Lyso-Gb3 (Emerging Biomarker) in Study 012[1]



[1]Hamler, *et al.*, **WORLD*Symposium*™ 2015**

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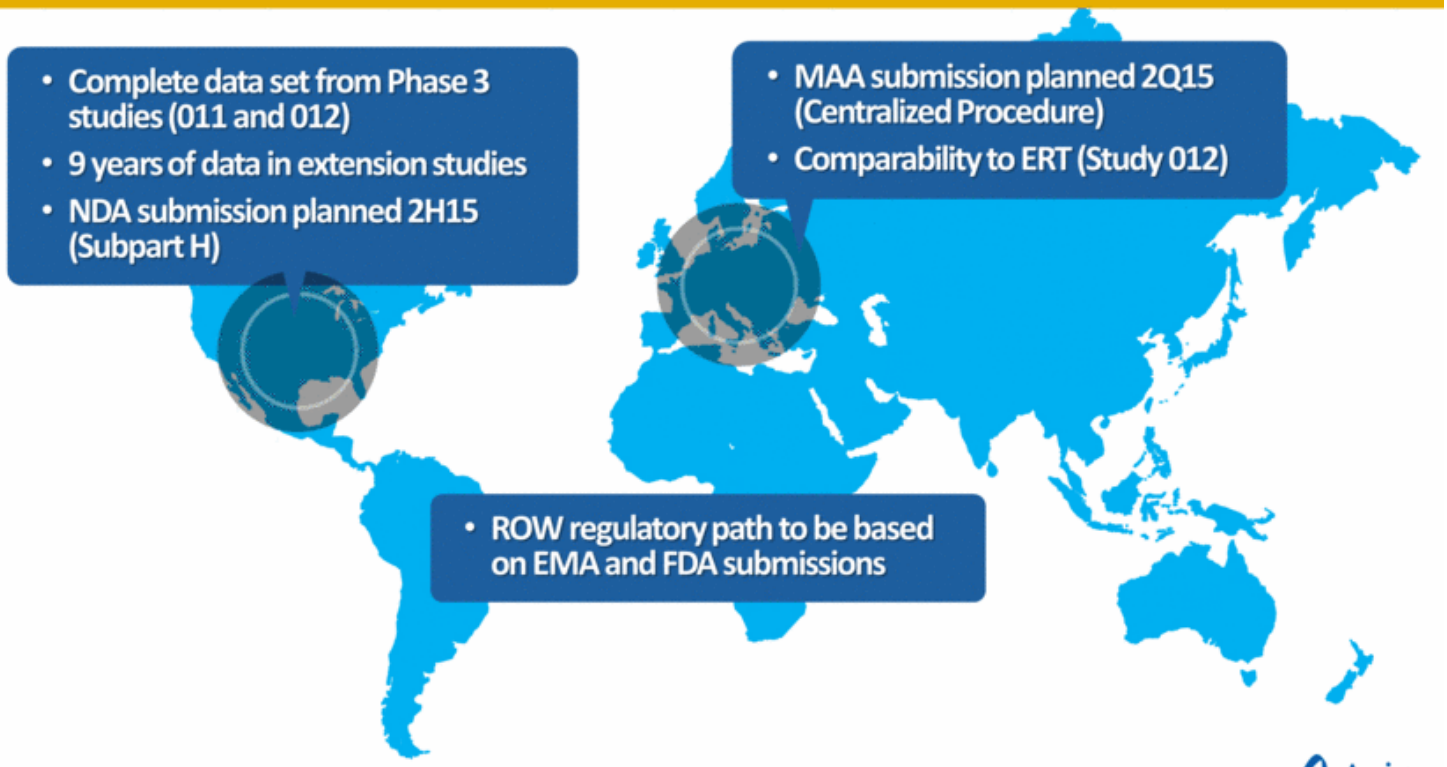
Global Regulatory Strategy

Marketing Submissions on Track for 2Q15 in Europe and 2H15 in U.S.



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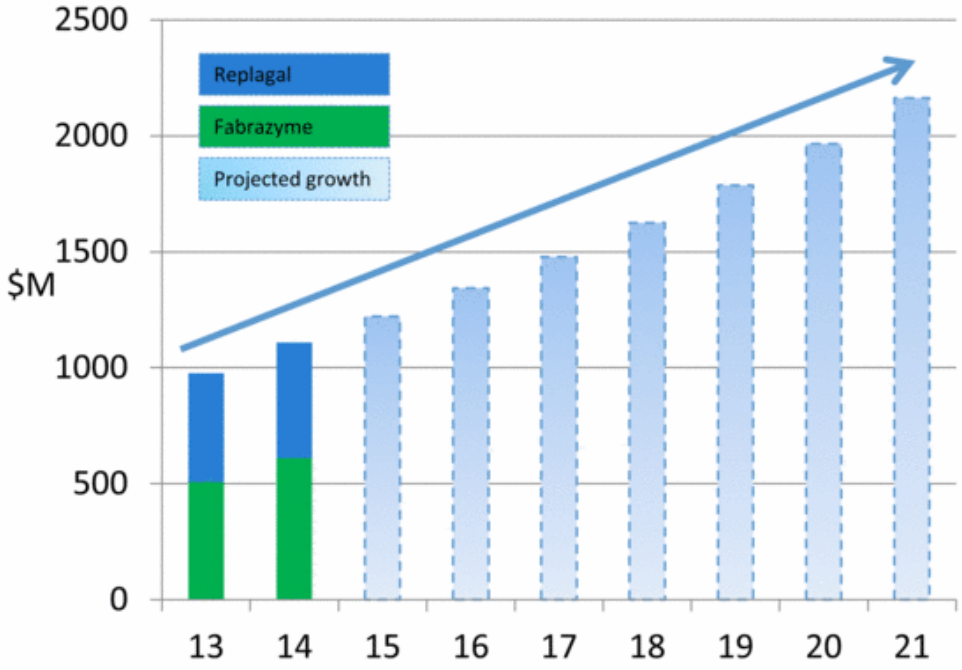
Global Fabry Market

Global Fabry Market Exceeded $1.1B in FY14 and Tracking Toward $2B by 2021



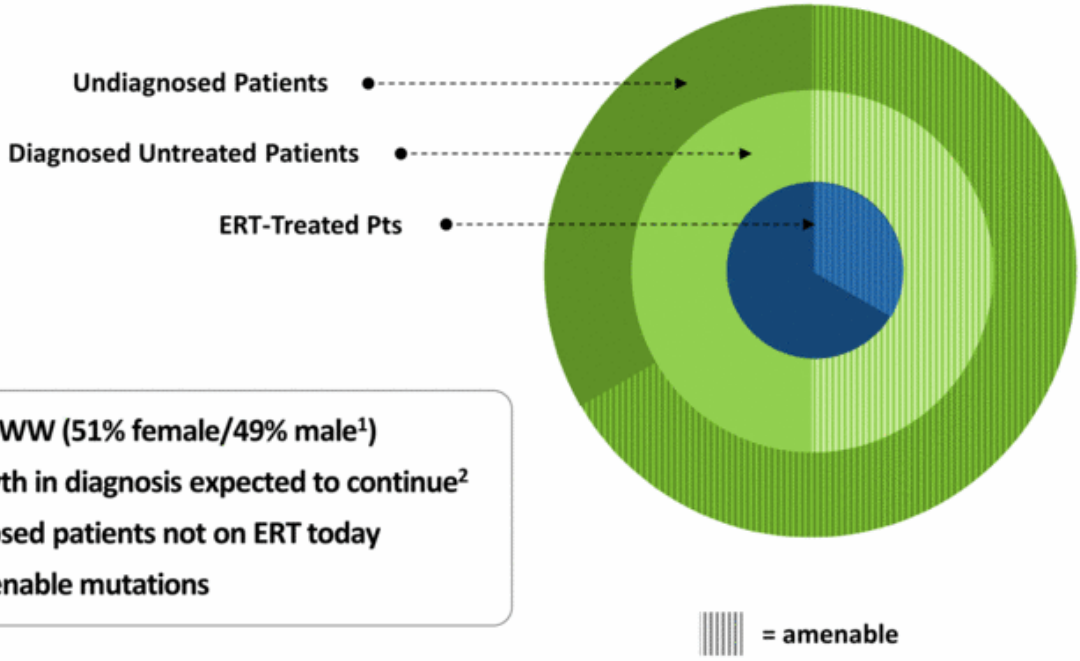
- Fabry ERT sales increased 13.8% in 2014, continuing trend of double-digit annual growth[1]
- U.S. and Western Europe KOLs expect continued market growth:

"The number of diagnosed patients will increase. We keep identifying new patients, and this number is not decreasing year on year. I would not be surprised if it gets close to doubling in next 10 years" – UK Fabry KOL

[1]Genzyme and Shire 10-Ks

Migalastat Commercial Opportunity

Attractive Commercial Opportunity with Significant Number of Amenable Patients



- 5-10K diagnosed WW (51% female/49% male[1])
- 10% annual growth in diagnosis expected to continue[2]
- 40-50% of diagnosed patients not on ERT today
- 30-50% with amenable mutations

[1]Fabry Registry 2011; [2]Third Party Market Research, 2015

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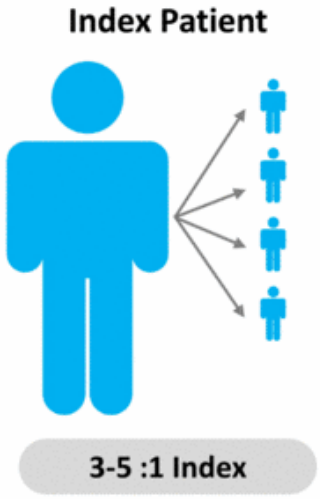
Significant Underdiagnosis of Fabry Disease

Large Number of Patients Identified Through Newborn Screening Suggests Fabry Could Be One of the More Prevalent Human Genetic Diseases

Newborn Screening Study	# Newborns Screened	# Confirmed Fabry Mutations	% Amenable
Burton, 2012, US	8,012	7 [1: ~1100]	TBD
Mechtler, 2011, Austria	34,736	9 [1: ~3,800]	100%
Hwu, 2009, Taiwan	171,977	75 [1: ~2300]	75%
Spada, 2006, Italy	37,104	12 [1: ~3100]	86%
Historic published incidence		**1:40,000 to 1:60,000**	



Majority Diagnosed through Newborn Screening Have Amenable Mutations

Burton, **LDN WORLD Symposium,** 2012 Feb.
Mechtler *et al.*, **The Lancet**, 2011 Dec.
Hwu *et al.*, **Hum Mutation**, 2009 Jun
Spada *et al.*, **Am J Human Genet.**, 2006 Jul

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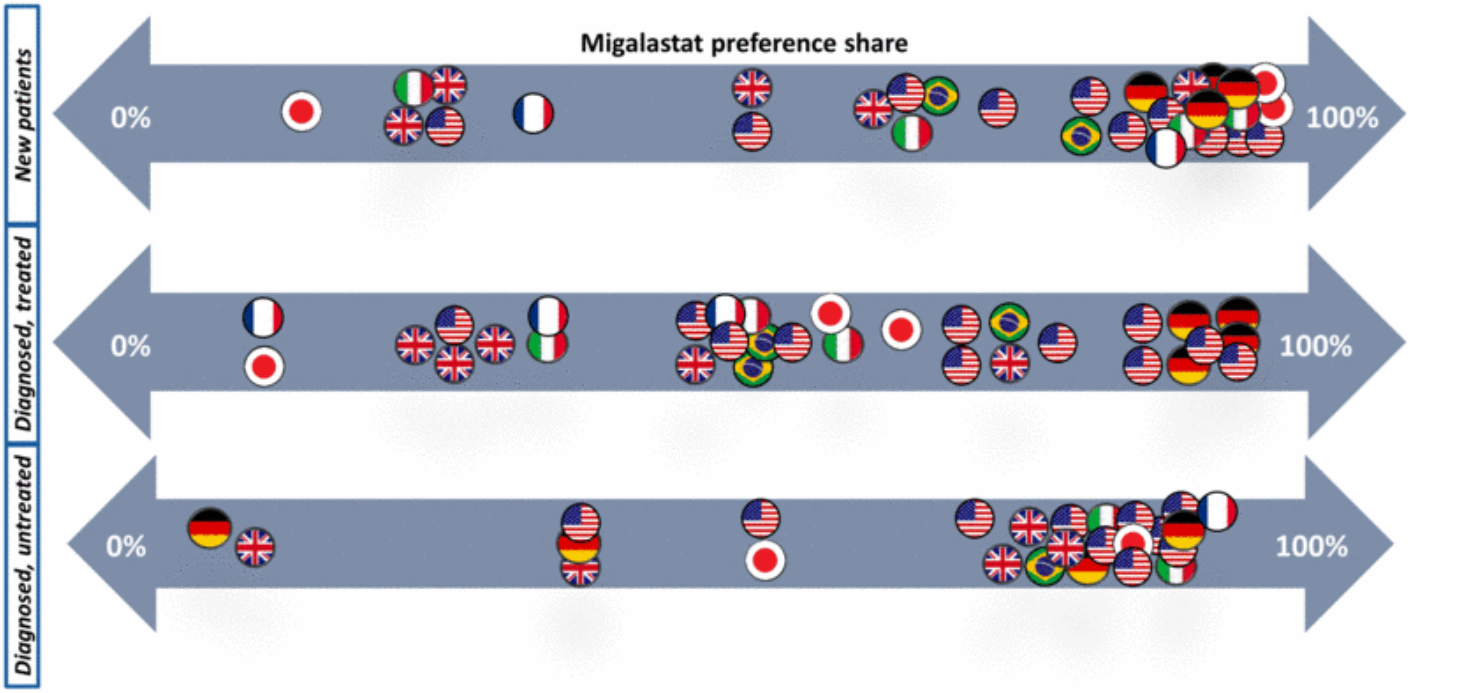
Positive KOL Feedback

Based on Target Product Profile, KOLs Would Use Migalastat in Most Naïve and Switch Patients with Amenable Mutations with Signs and Symptoms if Approved



Note: *Includes feedback from 33 KOLs in U.S., UK, Germany, Italy, Brazil, Japan and France

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Payor Feedback Supports Reimbursement

Interviews with 20 Payors in Major Markets Suggest Broad Reimbursement and Coverage for Amenable Patients if Approved

Coverage supported by clinical trial data…

- Based on Target Product Profile, payors interviewed in all studied countries believe there is sufficient evidence to support reimbursement of migalastat

"… I think the level of evidence is good enough here for reimbursement, at least at [pricing] parity to ERT…" Payor, UK

…and more convenient route of administration

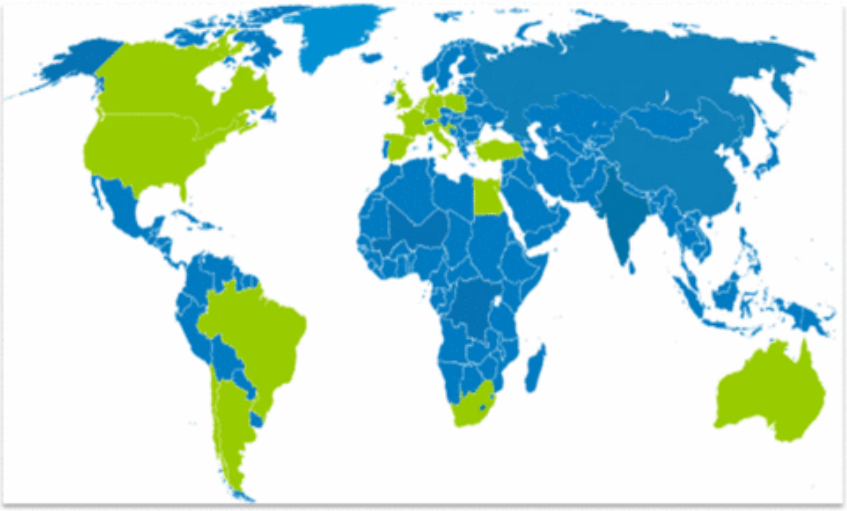
- Additionally, assuming parity pricing to ERT, payors generally expressed high interest in including migalastat in their formulary as they believe most patients would prefer oral route of administration over infusion

"… If it was priced at parity with ERT, there would be zero restrictions on its use …" Payor, U.S.

Source: third party payor interviews and analysis

Global Pre-Commercial Activities

Amicus is Building on Global Migalastat Experience to Prepare for Successful Launch



territories with clinical sites

- Hiring experienced team
- European headquarters selected
- Medical outreach underway
- Patient advocacy ongoing
- Access and reimbursement
- Designing product experience

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Fabry Franchise Strategy

Our Vision is to Treat All Fabry Patients with an Amicus Product if Approved

Migalastat

Amenable Patients

- Precision medicine monotherapy
- Small molecule (broad tissue distribution)
- Differentiated efficacy profile
- Convenient oral dosing

Non-Amenable Patients

- Combination approach
- Chaperone stabilizes ERT
- Better targeting and tissue uptake potential

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Key Milestones – Fabry Franchise

Timing	Milestone	
1Q15	Additional 011 and Phase 2 extension data	✓
1Q15	Scientific Presentations at LDN WORLD	✓
1Q15	US and EU Regulatory Interaction	✓
2Q15	**MAA Submission**	
2H15	**NDA Submission**	
2H15	**Phase 2 Co-Administration Study Initiation**	
2H15	**Internal Development of Next-Gen ERT Cell Line**	

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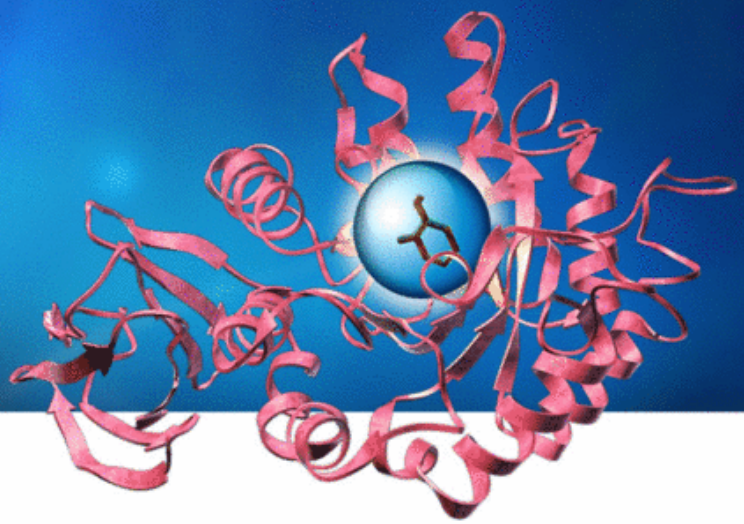
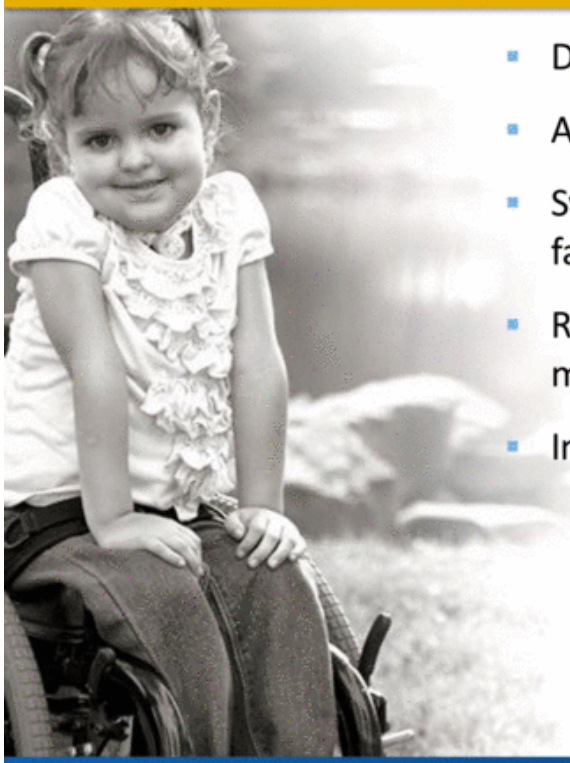


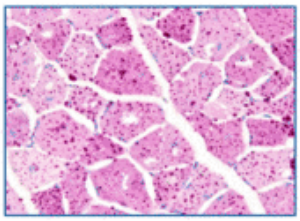
Next-Generation ERT for Pompe Disease

Pompe Disease Overview

Severe, Fatal, Progressive Neuromuscular Disease with Significant Unmet Need Despite Availability of ERT



- 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
- Incidence 1:28,000[1]



Elevated Glycogen in Muscle

[1]Evidence Report – Newborn Screening for Pompe Disease – June 2013 – HRSA.gov

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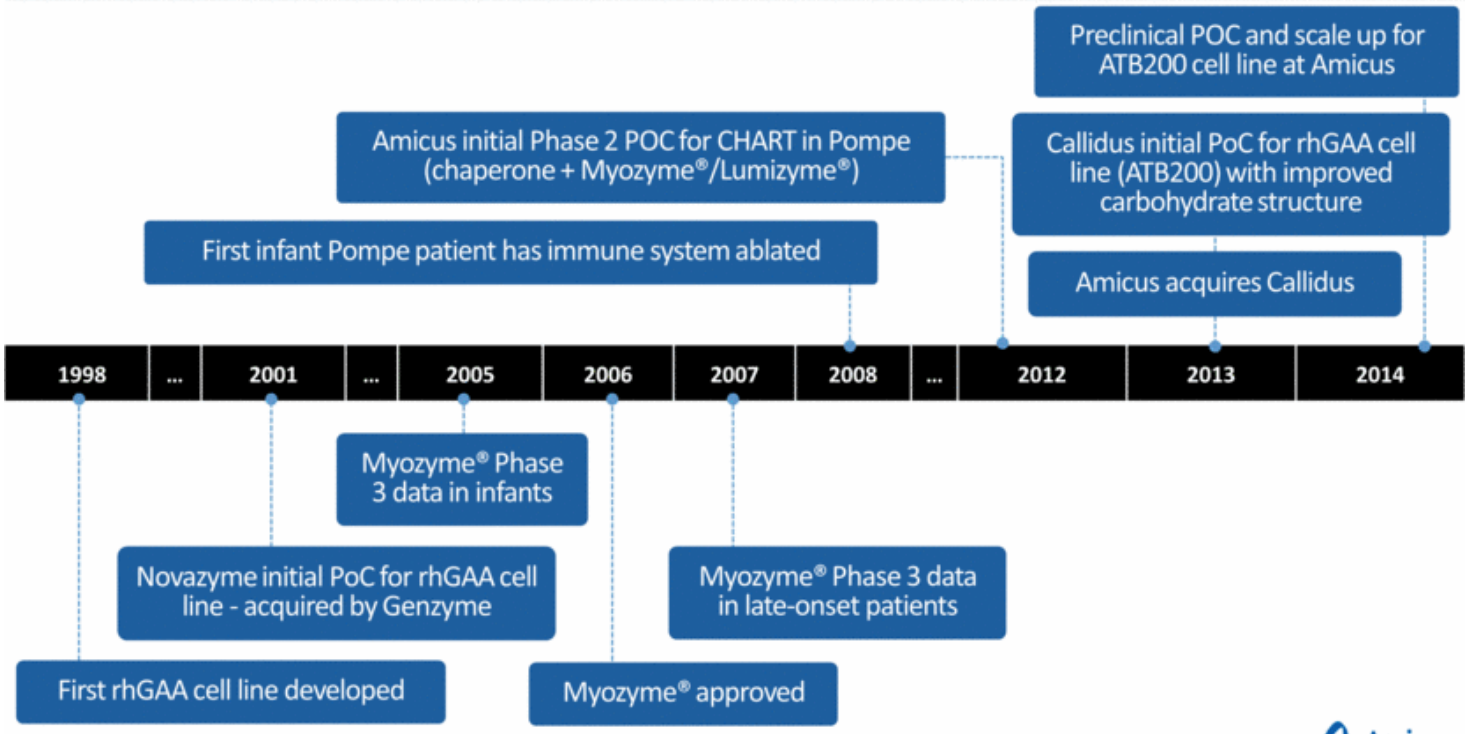
Select Milestones in Pompe Drug Development

A Decade After Initial Clinical Studies of Myozyme®, Researchers Still Working to Develop Next-Generation Treatment for Pompe Patients



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Current Pompe ERT Limitations

Significant Unmet Needs Remain Due to Limitations of First-Generation Pompe ERT

"...Biologic drugs, including enzyme-replacement therapies, can elicit anti-drug Abs (ADA) that may interfere with drug efficacy and impact patient safety." (Journal of Immun. 2014)

"...recurrent injections of rhGAA during ERT can elicit high titer antibody formation against GAA; this reduces the efficacy of ERT and may prompt infusion associated reactions (IAR) that may be life-threatening." (Doerfler, et al. WORLD 2014)

Pediatric RESEARCH

"All 18 patients who enrolled in the initial [infantile-onset Pompe] study survived significantly longer and with fewer ventilation events ... However, morbidity and mortality remain substantial, with a 28% mortality rate and a 51% invasive ventilation rate at age 36 months." (Kishnani, *et al.* 2009)

The NEW ENGLAND JOURNAL of MEDICINE

"...14% of pts on [Lumizyme] treatment have declining 6-minute walk test and 36% have declining forced vital capacity." (van der Ploeg, et al. 2010)

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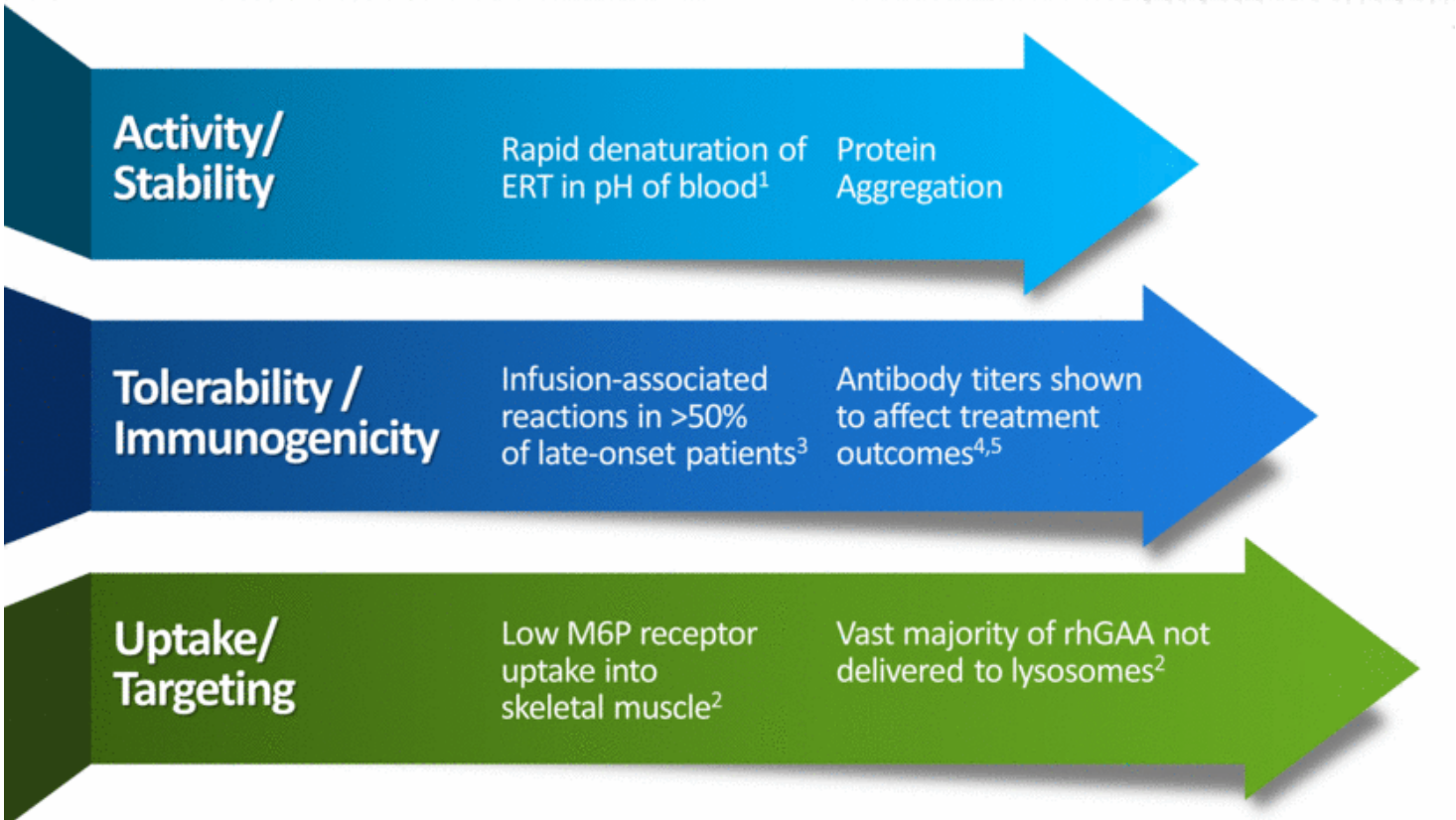
Three Challenges with Pompe ERT Today



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

Amicus Therapeutics

Amicus Biologics Platform Technologies

Multiple Complementary Amicus Platform Technologies
With Potential to Address The Challenges with Existing ERTs Today

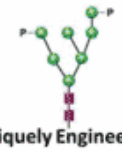
Activity/ Stability

CHART
CHAPERONE-ADVANCED REPLACEMENT THERAPY

Tolerability / Immunogenicity

CHART
CHAPERONE-ADVANCED REPLACEMENT THERAPY

Uptake/ Targeting



Uniquely Engineered rhGAA
Optimized M6P & Carbohydrates

Amicus Therapeutics

Human Proof-of-Concept: Currently Marketed ERT + Chaperone

Investigator-Initiated Study Demonstrates Profound Effect of Chaperone Co-Administered with Pompe ERT

Two Pompe patients could not tolerate ERT infusions

Investigator re-initiated ERT with oral co-administration of pharmacological chaperone

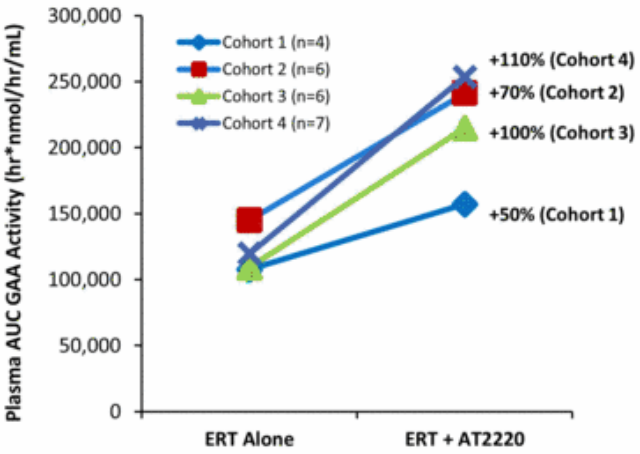
The two Pompe patients now able to fully tolerate ERTs

Amicus Therapeutics

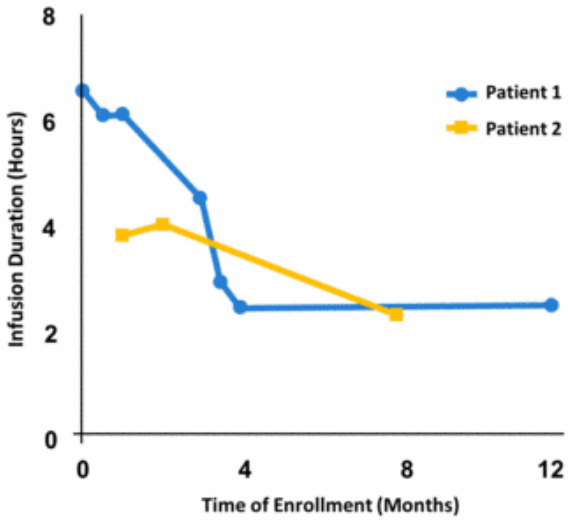
Human Proof-of-Concept: Currently Marketed ERT + Chaperones

ERT Activity Increased and Infusion Time Decreased with Chaperones*

Amicus Phase 2 Study 010: Enzyme Activity[1]



Investigator-Initiated Study: Infusion Time[2]



[1]Kishnani, et al., LDN WORLD 2013
[2]Doerfler, et al. WORLD 2014
*Cohort 1 (AT2220 50 mg) muscle GAA activity not shown; 50 mg dose did not demonstrate meaningful change in tissue uptake (muscle)

Amicus Therapeutics

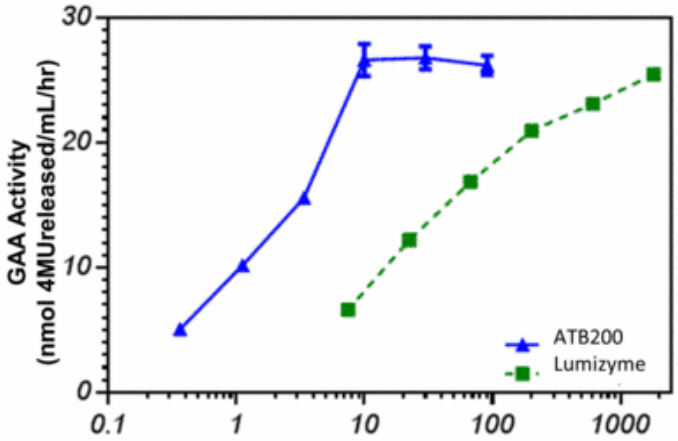
ATB200 Preclinical Proof-of-Concept

Higher bis-M6P N-Glycan Content on ATB200 Directly Correlated with High-Affinity Binding to CIMPR in M6P Receptor Plate Binding Assays (KD~2-4 nM)

Bis-Phosphorylated Glycan Analysis

Glycan	Lumizyme *(mol bis-glycan/mol protein)*	ATB200 *(mol/bis-glycan/mol protein)*
Bis-M6P	0.1	1.3

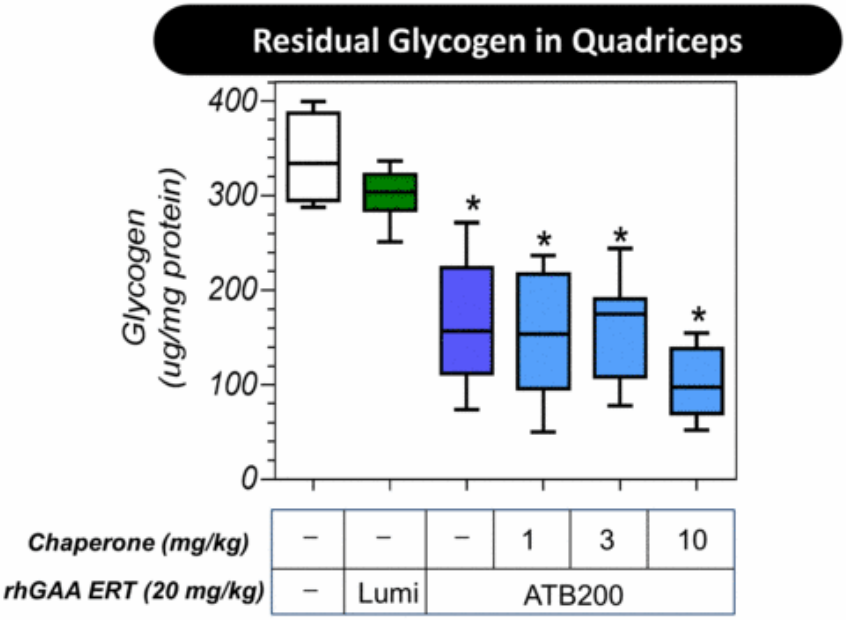
CIMPR Binding Affinity



Amicus Therapeutics

ATB200 + Chaperone Preclinical Proof-of-Concept

ATB200 + Chaperone Reduced Skeletal Muscle Glycogen to Near Normal Levels in *Gaa* KO Mice



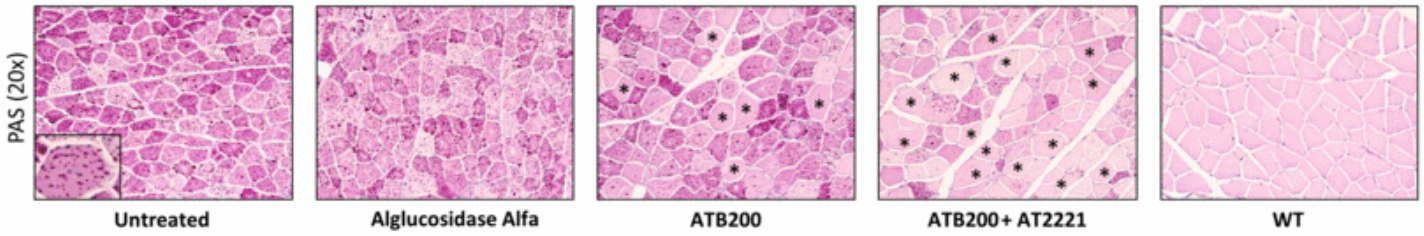
Two IV bolus administrations of ERT (every other week). Pharmacological chaperone administered orally 30 min prior to ERT. Tissues harvested 2 weeks after last dose. Tissues analyzed for GAA activity and glycogen content

Amicus Therapeutics

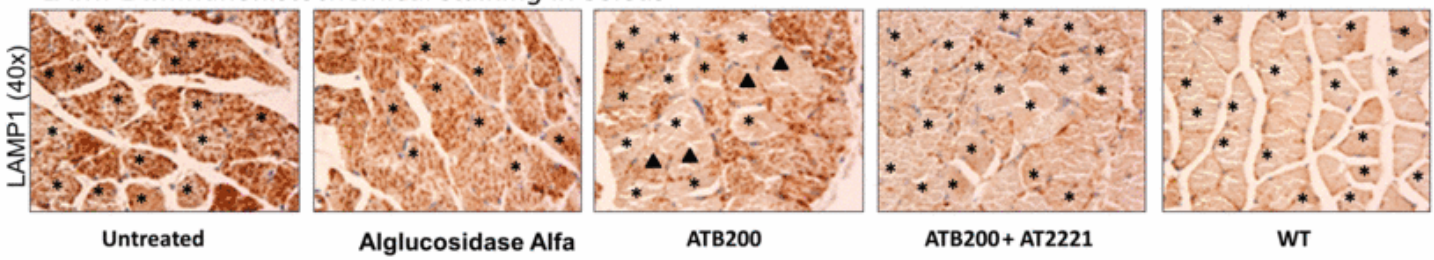
ATB200 + Chaperone Preclinical Proof-of-Concept

After Two Doses - Glycogen Clearance Correlates with Endocytic Vesicle Turnover in Skeletal Muscle

PAS- glycogen staining in Quadriceps



LAMP1 Immunohistochemical staining in Soleus



- Following 2 doses of 20mg/kg Alglucosidase Alfa and ATB200 +/- AT2221 in Gaa KO mice, skeletal muscle evaluated for glycogen clearance and lysosomes
- Treatment with ATB200 resulted in greater glycogen reduction and improved muscle physiology
- Co-administration of ATB200 with AT2221 had an even greater impact on decreasing the muscle pathology associated with Pompe disease.

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Amicus Biologics Capabilities

ATB200 Successfully Manufactured at Clinical Scale While Maintaining Optimized Carbohydrate Structure

- Cell line scaled to 250 L
- 2 engineering batches completed in 2014
- IND-enabling tox underway

Amicus Pompe ERT: Highly Differentiated Approach

Amicus to advance ATB200 + Chaperone into Phase 1/2 in 2015
Potential Solution for Key ERT Limitations

Pompe ERT Challenges	IGF2-GAA	Neo-GAA	ATB200 + Chaperone
Stability & Activity			✓ (Chaperone)
Targeting & Uptake	✓ (IGF2 Tag)	✓ (M6P)	✓✓ (M6P, Chaperone)
Tolerability & Immunogenicity			✓ (Chaperone)
Development Stage	Phase 2	Phase 1	Late Preclinical

✓ = May address

Pompe: Multiple Milestones to Clinic

Timing	Milestone
1Q15	Initiate GMP Batch
3Q15	Tox Studies
Mid-2015	Pre-IND Meeting
2H15	Phase 1/2 study initiation

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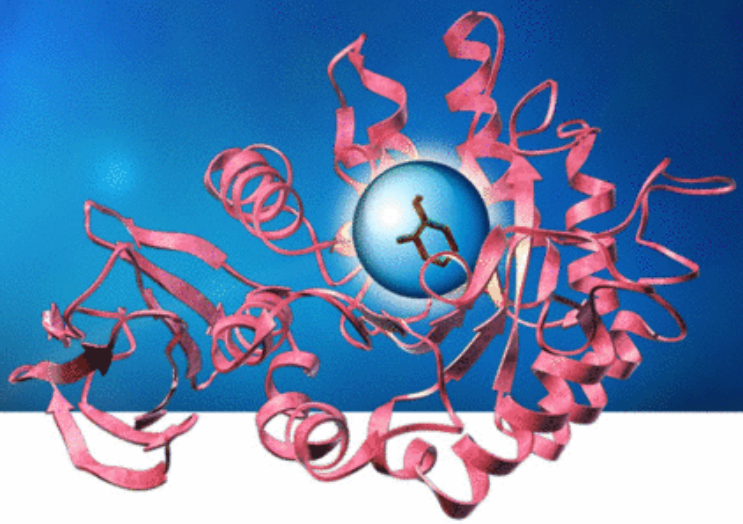

Financial Summary

Financial Summary

Strong Balance Sheet to Fund Operations into 2H16

Financial Position	Mar. 31, 2015
Cash:	$151.6M
2015 Net Cash Spend Guidance:	$100M-110M
Capitalization	
Shares Outstanding:	96.4M