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AMICUS THERAPEUTICS INC Form 3 May 30, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Ad Person <u>*</u> Dentzer Ja		orting	2. Date of Event Requiring Statement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]				
(Last)	(First)	(Middle)	05/30/2007	4. Relationsh Person(s) to I	ip of Reporting Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O AMICU THERAPEU CEDAR BRO CRANBURY	FICS, INC OOK DRIV (Street)	νE	(Check all applicable) <u> </u>		Owner ow)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 		
(City)	(State)	(Zip)	Table I -	Non-Derivat	tive Securiti	es Bei	neficially Owned	
1.Title of Securi (Instr. 4)	ty		2. Amount Beneficiall (Instr. 4)	of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Common Sto	ck		40,000		D	Â		
Reminder: Report owned directly o	ch class of securities benefi cond to the collection o nined in this form are no	f t						
required to respond unless the form displays a currently valid OMB control number.								

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	10/05/2016	Common Stock	33,334	\$ 8.18	D	Â
Employee Stock Option (right to buy)	(2)	04/25/2017	Common Stock	73,334	\$ 13.43	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Dentzer James E C/O AMICUS THERAPEUTICS, INC. 6 CEDAR BROOK DRIVE CRANBURY, NJ 08512	Â	Â	Chief Financial Officer	Â		
Signatures						
/s/ Douglas A. Branch, Attorney-in-fact	05/30/2007					
**Signature of Reporting Person	Da	te				

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

These options vest and become exercisable in a series of installments. The first installment, which consists of 25% of the total aggregate number of options granted, will vest on October 5, 2007. The remaining options vest and become exercisable in a series of thirty-five

(1) Indifference of options granted, will vest on October 5, 2007. The remaining options vest and become exercisable in a series of unity-rive successive equal monthly installments of 695 shares, beginning on November 1, 2008, with the final installment of 675 shares becoming exercisable on October 1, 2011.

These options vest and become exercisable in a series of installments. The first installment, which consists of 25% of the total aggregate number of options granted, vest on April 25, 2008. The remaining options vest and become exercisable in a series of thirty-five

(2) Indifference of options granted, vest on April 25, 2008. The remaining options vest and become exercisable in a series of unity-rive successive equal monthly installments of 1,528 shares, beginning on May 1, 2008, with the final installment of 1,520 shares becoming exercisable on April 1, 2011.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.