### Edgar Filing: AMICUS THERAPEUTICS INC - Form 4

AMICUS T Form 4 January 30,	THERAPEUTICS 2015	INC								
FORM	ЛЛ								PPROVA	L
	UNITED	STATES		RITIES A shington			E COMMISSION	N OMB Number:	3235-0	
Check t if no los	laer							Expires:	Januar	y 31, 2005
subject Section Form 4	to <b>SIAIEN</b> 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated burden hou	Estimated average burden hours per response 0	
Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Peist Kenneth			2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			AMICUS THERAPEUTICS INC [FOLD]				(Check all applicable)			
(Last)	(First) (A	Middle)	3. Date of Earliest Transaction (Month/Day/Year)			Director 10% Owner X Officer (give title Other (specify				
1 CEDAR BROOK DRIVE			01/02/2015			below) below) VP, Legal & IP				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>				
CRANBU	RY, NJ 08512							More than One R		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	1
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	4. Securiti nAcquired ( Disposed ( (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	1
<b>D</b> · · · -				Code V		(D) Price				
Reminder: Re	port on a separate line	e tor each cla	ass of sec	urifies bene	Person inform require	ns who rest ation cont ed to resp ys a curre	or indirectly. spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	]
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year) (Instr. 8	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(
		Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 8.61 01/02/2015	А	45,000	<u>(1)</u>	01/02/2025	Common Stock	45,000
(right to buy)	\$ 8.61 01/02/2015	A	45,000	<u>(1)</u>	01/02/2025		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Peist Kenneth 1 CEDAR BROOK DRIVE CRANBURY, NJ 08512			VP, Legal & IP			
Signatures						

/s/ Kenneth Peist	01/30/2015		
<u>**</u> Signature of Reporting Person	Date		

# **Explanation of Responses:**

- 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). \*\*

These options vest and become exercisable in a series of installments. The first installment, which consists of 25% of the total aggregate (1) number of options granted, vests on January 2, 2016. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments, beginning on February 1, 2016, with the final installment vesting on January 1, 2019.

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.

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