#### AMICUS THERAPEUTICS INC

Form 4 June 17, 2016

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

10% Owner

Other (specify

0.5

Estimated average burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

Check this box

if no longer

subject to

Section 16.

Form 4 or

1. Name and Address of Reporting Person \*

Rosenberg Ellen

2. Issuer Name and Ticker or Trading

Symbol

AMICUS THERAPEUTICS INC

[FOLD]

(Last) (First) (Middle)

(Month/Day/Year) 06/15/2016

C/O AMICUS THERAPEUTICS. 1 CEDAR BROOK DRIVE

(Street)

(State)

4. If Amendment, Date Original

A

3. Date of Earliest Transaction

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

Director

X\_ Officer (give title

Issuer

below)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

D

I

5. Relationship of Reporting Person(s) to

(Check all applicable)

General Counsel & Corp. Secy

CRANBURY, NJ 08512

(City)

Common

Stock

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Owned Reported

5. Amount of Securities Beneficially Following

6. Ownership 7. Nature of Form: Direct (D) or Indirect (I) (Instr. 4)

Indirect Beneficial Ownership (Instr. 4)

Transaction(s) or (Instr. 3 and 4) Price Code V Amount (D)

Common 06/15/2016

Stock

(Zip)

\$0 6,250 Α 6,250

(A)

15,000

By Spouse

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (right to buy)	\$ 6.1	06/15/2016		A	25,000	<u>(1)</u>	06/15/2026	Common Stock	25,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
Rosenberg Ellen C/O AMICUS THERAPEUTICS 1 CEDAR BROOK DRIVE			General Counsel &				
CRANBURY NI 08512			Corp. Secy				

## **Signatures**

/s/ Ellen
Rosenberg

\*\*Signature of Reporting Person

O6/17/2016

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 June 15, 2017. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments, beginning on July 1, 2017, with the final installment vesting on June 1, 2020.

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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