## Edgar Filing: AMICUS THERAPEUTICS INC - Form 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT O Filed pursuant to Section 17(a) of the	S SECURITIES AND EXCHANGE C Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of ) of the Investment Company Act of 194	NERSHIP OF NERSHIP OF e Act of 1934, T 1935 or Section
(Print or Type Responses)		
1. Name and Address of Reporting Person <u>*</u> Baird William D III	2. Issuer Name <b>and</b> Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(Last) (First) (Middle) 1 CEDAR BROOK DRIVE	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>04/10/2014</li></ul>	Director 10% Owner Officer (give title Other (specify below) Chief Financial Officer
(Street) CRANBURY, NJ 08512	4. If Amendment, Date Original Filed(Month/Day/Year)	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-Derivative Securities Aca	uired, Disposed of, or Beneficially Owned
(Instr. 3) any (Month/	-	5. Amount of Securities 6. Ownership 7. Nature of Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)
Common 04/10/2014 stock	A 100,000 A \$0	100,000 D

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.

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Baird William D III 1 CEDAR BROOK DRIVE CRANBURY, NJ 08512			Chief Financial Officer		
Signatures					
/s/ William D. Baird, III	04/11/2014	Ļ			
<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).

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.