Edgar Filing: Licholai Gregory P - Form 4

| Licholai Greg Form 4 | gory P | | | | | | | | | | |
|---|--|---|--------|-------------|--|---|-----------|--|--|---|--|
| February 05, | 2008 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | | OMB APPROVAL | |
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe | box | | | | | | | | Expires: | January 31, | |
| subject to Section 16 | 51A11 5. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Estimated average burden hours per response 0.5 | |
| Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b). | Filed p s Section 1 | 20(h) of the Investment Commonly A of (1040) | | | | | | | | 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | | |
| 1. Name and Ad Licholai Gre | 2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | [FOLD] | | | | | (Check all applicable) | | | | | |
| (Last) C/O AMICU INC., 6 CED | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2008 | | | | | Director 10% Owner X_ Officer (give title Other (specify below) below) VP, Medical Affairs | | | | | |
| INC., UCED | (Street) | | 4 70 4 | | | | | | | | |
| | 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 | | | | | |
| CRANBURY | Y, NJ 08512 | | | | | | | Form filed by M Person | Nore than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ies Acq | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year | | | 4. Securiti on(A) or Dis (D) (Instr. 3, 4 Amount | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/01/2008 | | | Code V S | 10,000 | D | \$ 9.9 | 10,152 | 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)

Security or Exercise any Code (Month/Day/Year) Underlying Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 3) Derivative (Instr. 3 and 4) Derivative Securities Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares **Reporting Owners** Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Licholai Gregory P C/O AMICUS THERAPEUTICS, INC. VP, Medical Affairs **6 CEDAR BROOK DRIVE** CRANBURY, NJ 08512 Signatures

/s/ Gregory P. Licholai 02/05/2008

Date

3. Transaction Date 3A. Deemed

(Month/Day/Year)

**Signature of Reporting Person

1. Title of

Derivative

2.

Conversion

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.

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4.

Execution Date, if

5.

of

TransactionNumber

6. Date Exercisable and

Expiration Date

7. Title and

Amount of

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

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Own

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(Insti