

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
WASHINGTON, D.C. 20549

FORM 8-K

**CURRENT REPORT PURSUANT TO
SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

Date of Report (Date of earliest event reported): **September 14, 2022**

AMICUS THERAPEUTICS, INC.

(Exact Name of Registrant as Specified in Its Charter)

Delaware
(State or Other Jurisdiction
of Incorporation)

001-33497
(Commission
File Number)

71-0869350
(I.R.S. Employer
Identification No.)

3675 Market Street, Philadelphia, PA 19104
(Address of Principal Executive Offices, and Zip Code)

215-921-7600
Registrant's Telephone Number, Including Area Code

(Former Name or Former Address, if Changed Since Last Report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock Par Value \$0.01	FOLD	NASDAQ

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).
Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 8.01 – Other Events

On September 14, 2022, Amicus Therapeutics, Inc. (the “Company”) released presentation materials that it will be using in meetings with investors and analysts. A copy of the presentation materials is attached hereto as Exhibit 99.1 and is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits:

Exhibit No.	Description
99.1 104	September 14, 2022 Presentation Materials Cover Page Interactive Data File (embedded within the Inline XBRL document)

Signature Page

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: September 14, 2022

AMICUS THERAPEUTICS, INC.

By: /s/ Ellen S. Rosenberg

Name: Ellen S. Rosenberg

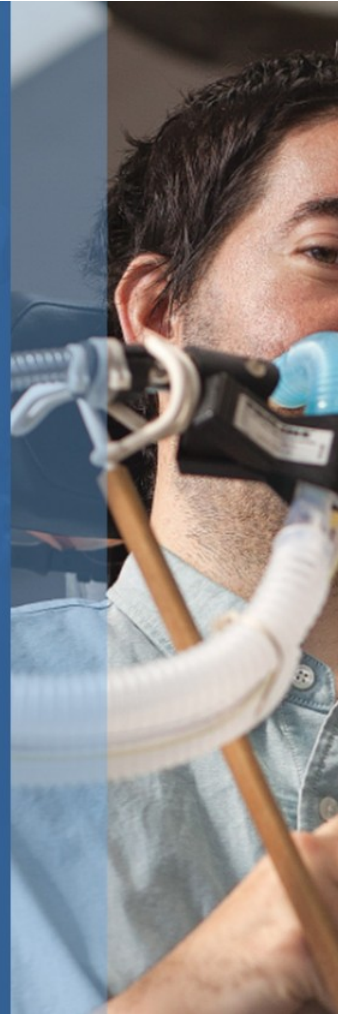
Title: Chief Legal Officer and Corporate Secretary



Corporate Overview

At the Forefront of Therapies
for Rare Diseases

September 2022



Forward-Looking Statements

This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to preclinical and clinical dev candidates, the timing and reporting of results from preclinical studies and clinical trials, the prospects and timing of the potential regulatory approval of a commercialization plans, manufacturing and supply plans, financing plans, and the projected revenues, expenses, cash position, and future profitability for the Cor forward-looking statements should not be regarded as a representation by us that any of our plans will be achieved. Any or all of the forward-looking statements in this out to be wrong and can be affected by inaccurate assumptions we might make or by known or unknown risks and uncertainties. For example, with respect to stateme progress, timing, and outcomes of discussions with regulatory authorities, and in particular the potential goals, progress, timing, and results of preclinical studies and cl they are impacted by COVID-19 related disruption, are based on current information. The potential impact on operations from the COVID-19 pandemic is inherently u predicted with confidence and may cause actual results and performance to differ materially from the statements in this release, including without limitation, because of political and economic conditions, including as a result of efforts by governmental authorities to mitigate COVID-19, such as travel bans, shelter in place orders and thira and resource allocations, manufacturing and supply chain disruptions and limitations on patient access to commercial or clinical product. In addition to the impact of th actual results may differ materially from those set forth in this release due to the risks and uncertainties inherent in our business, including, without limitation: the potenti or preclinical studies indicate that the product candidates are unsafe or ineffective; the potential that it may be difficult to enroll patients in our clinical trials; the p authorities, including the FDA, EMA, and PMDA, may not grant or may delay approval for our product candidates; the potential that we may not be successful in com Europe, Japan, the US and other geographies or our other product candidates if and when approved; the potential that preclinical and clinical studies could be delay serious side effects or other safety issues; the potential that we may not be able to manufacture or supply sufficient clinical or commercial products; and the potential that funding to complete all of our studies, manufacturing and launch preparations. Further, the results of earlier preclinical studies and/or clinical trials may not be predicti respect to statements regarding projections of the Company's revenue, expenses, cash position, and future profitability, actual results may differ based on market fact ability to execute its operational and budget plans. In addition, all forward-looking statements are subject to other risks detailed in our Annual Report on Form 1 December 31, 2021 and Form 10-Q for the quarter ended June 30, 2022. You are cautioned not to place undue reliance on these forward-looking statements, which s hereof. All forward-looking statements are qualified in their entirety by this cautionary statement, and we undertake no obligation to revise or update this news rele circumstances after the date hereof.

Non-GAAP Financial Measures

In addition to financial information prepared in accordance with U.S. GAAP, this presentation also contains adjusted financial measures that we believe provide investors supplemental information relating to operating performance and trends that facilitate comparisons between periods and with respect to projected information. T measures are non-GAAP measures and should be considered in addition to, but not as a substitute for, the information prepared in accordance with U.S. GAAP. We i GAAP items that management does not believe affect our basic operations and that do not meet the GAAP definition of unusual or non-recurring items. Other comp measures in different ways. When we provide our expectation for non-GAAP operating expenses on a forward-looking basis, a reconciliation of the differences t expectation and the corresponding GAAP measure generally is not available without unreasonable effort due to potentially high variability, complexity and low visibi would be excluded from the GAAP measure in the relevant future period, such as unusual gains or losses. The variability of the excluded items may have a sigi unpredictable, impact on our future GAAP results.

A Rare Company

Patient-dedicated, Rare Disease Biotechnology Company with Sustained Double-digit Growth, a Global Commercial Infrastructure, and Late-stage Development Capabilities

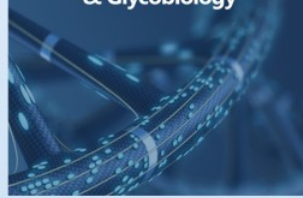


First Oral Precision Medicine for Fabry Disease



Gene Therapy PLATFORM

Leveraging Experience in Protein Engineering & Glycobiology



World-class CLINICAL DEVELOPMENT Capabilities



EMPLOYEES in 27 Countries

AT-GAA

a Two-component Therapy Under Global Regulatory Reviews for Pompe Disease



GLOBAL COMMERCIAL ORGANIZATION

\$350M-\$365M

FY22 Global Galafold Revenue at CER

GALAFOLD & AT-GAA

Cumulative \$2B Peak Potential

2022 Strategic Priorities to Drive Value

- 1** Double-digit Galafold growth (15-20%) with revenue of \$350M to \$365M
- 2** Secure FDA approval and positive CHMP opinion for AT-GAA
- 3** Initiate successful, rapid launch in U.S. for AT-GAA
- 4** Advance best-in-class, next-generation genetic medicines and capabilities
- 5** Maintain strong financial position on path to profitability

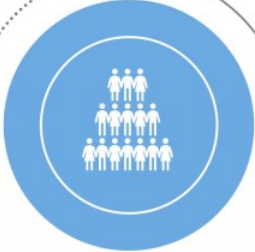
Amicus Pipeline

Streamlined Rare Disease Pipeline with Focus on Fabry Disease and Pompe Dis



Positioned for Significant Value Growth

Focused on Execution and Driving Sustainable Double-digit Revenue Growth on Path to Profitability



Continue to bring Galafold® to as many patients as possible, sustain double-digit revenue growth



Successful launch of AT-GAA for people living with Pompe disease



Advance next-generation gene therapies in Fabry and Pompe diseases



Fully leverage global capabilities and infrastructure as a leader in rare diseases



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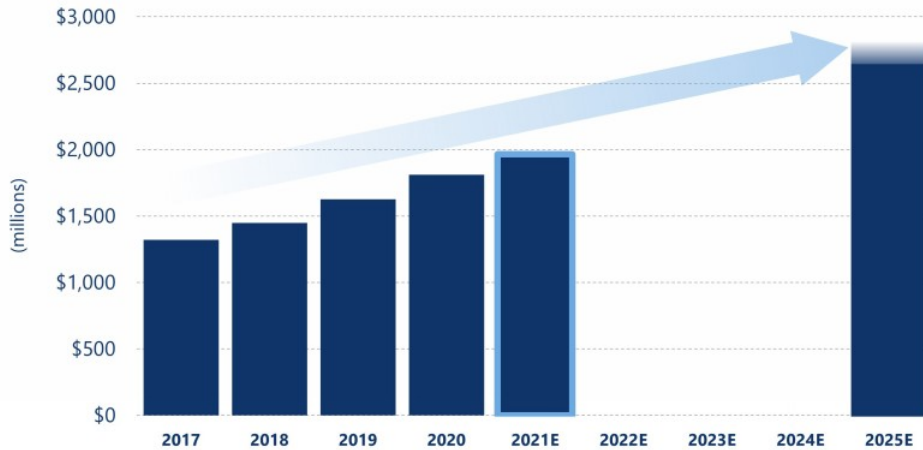
Galafold® (migalastat) Continued Growth

... building a leadership position in the
treatment of Fabry disease

Global Fabry Market

Global Fabry Disease Market Growth Continues to be Driven by Diagnosing New in Addition to the Introduction of Galafold

Global Fabry market to exceed \$1.9B in 2021 and tracking toward ~\$2.6B by 2025¹



- Fabry Disease is believed to be underdiagnosed
 - Newborn screening studies suggest could be one of the more prevalent genetic diseases (~1:1,000 to ~1:5,000 incidence)
- In 2021, Galafold was the fastest growing medicine for Fabry disease and a major contributor to Fabry market growth
 - Introduction of Galafold has led to market expansion with 800+ naive patients diagnosed and treated for the first time

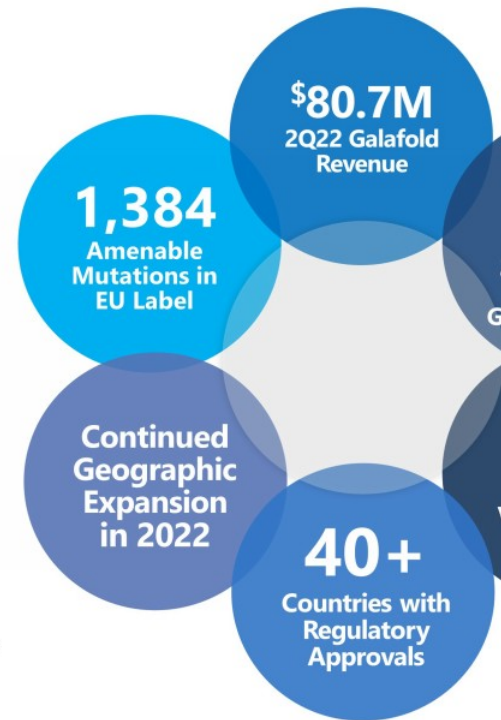
Galafold Success (as of June 30, 2022)

Building on Galafold's Success and Leveraging Leadership Position to Drive Contin

Galafold is the first and only approved oral treatment option with a unique mechanism of action for Fabry patients with amenable variants



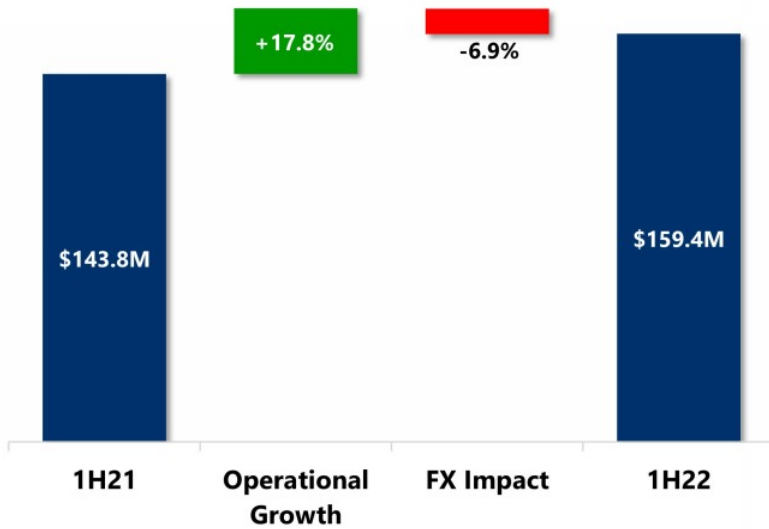
Galafold is indicated for adults with a confirmed diagnosis of Fabry Disease and an amenable variant. The most common adverse reactions reported with Galafold ($\geq 10\%$) were headache, nasopharyngitis, urinary tract infection, nausea and pyrexia. For additional information about Galafold, including the full U.S. Prescribing Information, please visit <https://www.amicusrx.com/pi/Galafold.pdf>. For further important safety information for Galafold, including posology and method of administration, special warnings, drug interactions and adverse drug reactions, please see the European SmPC for Galafold available from the EMA website at www.ema.europa.eu.



Galafold Performance

1H22 Reported Revenue Growth of +10.9% to \$159.4M - Operational Growth of +17.8%

Year-over-Year Sales Growth



- Global 3-month net new patients trend (3, 6-month and 12-month)
- In the U.S., the month of June saw high net new patients and PRFs since April 2021
- Global mix of switch (~55%) and previous patients (~45%)
- Compliance and adherence over 90%+
- Expect non-linear quarterly growth to continue with uneven ordering patterns

Galafold Growth Opportunity

\$1B Annual Sales Opportunity at Peak

Sustained double-digit revenue growth:

1H operational revenue growth of +17.8%

Near-term growth to \$500M driven by:

Continued penetration into existing markets

Expansion into new geographies

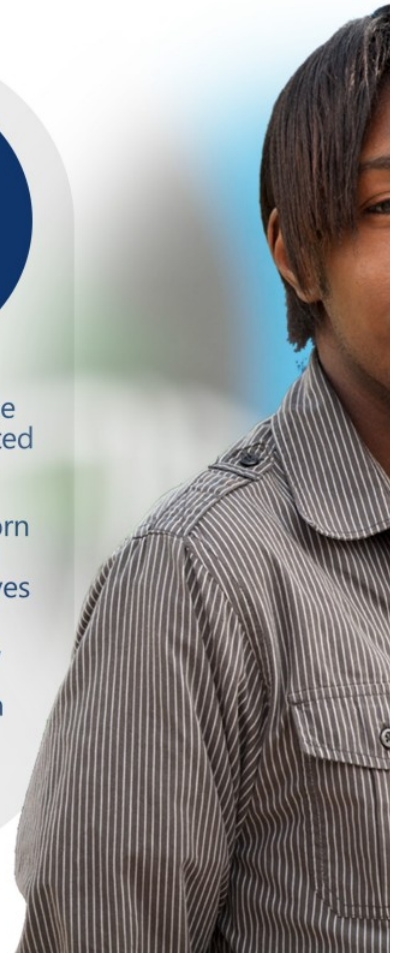
Broadening of labels

Long-term growth towards peak sales potential driven by:

Penetration of the diagnosed untreated population

Increase in newborn screening and diagnostic initiatives

Strong IP rights, including COM protection through 2038



Galafold Initiatives

Building the Body of the Evidence around Galafold

Broadening Labels:
Adolescents
and Additional
Variants

Publications
and Medical
Presentations

Over 500
Patients
Enrolled in a
Global Registry

Ongoing
and Planned
Phase IV
Studies



AT-GAA **(cipaglucosidase alfa + miglustat)**

... potential to establish a new standard of care
for people living with Pompe disease



Pompe Disease Overview

Pompe is a Severe and Fatal Neuromuscular Disease Caused by the Deficiency of Lysosomal



Estimated incidence of ~1:28,000; newborn screening suggests significant underdiagnosis

Age of onset ranges from infancy to adulthood

Majority of patients on current standard of care decline after ~2 years

Respiratory failure are leading morbidity

Deficiency of GAA leading to lysosomal glycogen accumulation and cellular dysfunction

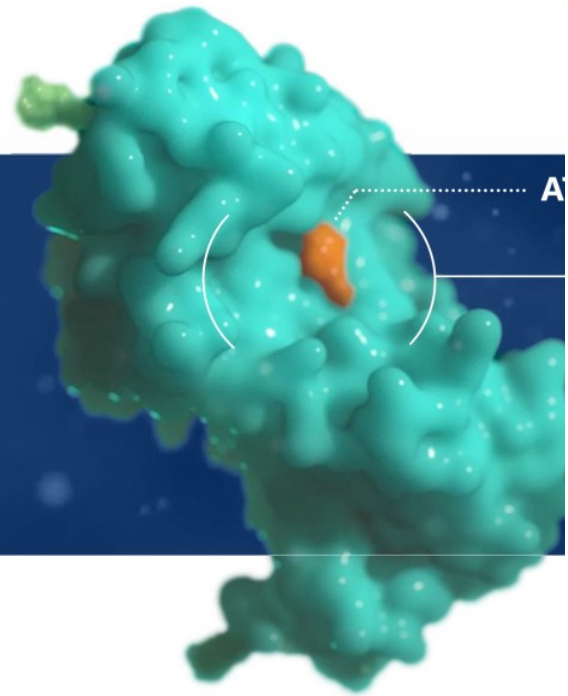
Symptoms include muscle weakness, respiratory failure, and cardiomyopathy

~\$1.2B+ global Pompe ERT sales¹

AT-GAA: An Innovative Approach to Pompe Disease

Our Scientists Created a Uniquely Glycosylated and Highly Phosphorylated ERT (A) that Significantly Enhances Targeting to Key Affected Muscles

- AT-GAA is a two-component therapy combining ATB200, an ERT, with AT2221, an orally administered enzyme stabilizer
- Consists of a naturally occurring cell line that can be properly processed within the lysosome to its mature form which is required to optimally break down glycogen¹



Phase 3 PROPEL Study Results

Primary, Key Secondary and Biomarker Endpoint Heat Map

Endpoints Across Motor Function, Pulmonary Function, Muscle Strength, PROs, and Favored AT-GAA over alglucosidase alfa

Endpoints	Overall population				ERT-experienced				
	Cipaglucosidase alfa/miglustat n=85		Alglucosidase alfa/placebo n=37		Cipaglucosidase alfa/miglustat n=65		Alglucosidase alfa/p n=30		
	Baseline, mean	CFBL at week 52, mean (SE)	Baseline, mean	CFBL at week 52, mean (SE)	Baseline, mean	CFBL at week 52, mean (SE)	Baseline, mean	CFBL at week 52, mean (SE)	
Motor function	6MWD, m	357.9	20.8 (4.6)	351.0	7.2 (6.6)	346.9	16.9 (5.0)	334.6	0.0 (0.0)
	GSGC total score	14.5	-0.5 (0.3)	14.5	0.8 (0.3)	15.6	-0.5 (0.3)	15.5	0.6 (0.3)
	10-meter walk, s	9.7	-0.5 (0.6)	9.6	1.9 (1.0)	10.4	-0.6 (0.9)	10.2	2.5 (1.0)
	4-stair climb, s	14.1	-8.5 (7.9)	8.2	0.3 (1.0)	17.3	-11.1 (10.5)	9.3	0.6 (0.3)
	Gower's maneuver, s	10.8	-0.3 (0.7)	19.8	-2.2 (1.4)	11.5	-0.4 (0.8)	23.9	-2.6 (1.0)
	Rising from chair, s	13.6	-10.2 (9.7)	4.5	-0.5 (0.7)	17.6	-13.7 (13.0)	5.2	-0.4 (0.3)
Pulmonary function	FVC, % predicted	70.7	-0.9 (0.7)	69.7	-4.0 (0.8)	67.9	0.1 (0.7)	67.5	-4.0 (0.8)
	MIP, % predicted	61.8	2.1 (2.1)	59.9	-2.7 (2.8)	61.3	1.0 (2.5)	55.0	-1.7 (0.8)
	MEP, % predicted	70.7	0.6 (2.4)	65.1	-1.6 (2.1)	70.7	-2.7 (2.7)	62.2	-3.9 (1.0)
Muscle strength	Lower MMT score	28.0	1.6 (0.4)	27.7	0.9 (0.4)	26.4	1.6 (0.5)	26.1	0.9 (0.4)
	Upper MMT score	34.3	1.5 (0.4)	34.7	0.7 (0.6)	33.7	1.8 (0.4)	34.2	0.4 (0.3)
	Total MMT score	62.3	3.1 (0.7)	62.4	1.4 (0.8)	60.1	3.4 (0.9)	60.3	1.1 (0.5)
PROs	PROMIS®-Physical Function	66.9	1.9 (0.8)	68.0	0.2 (1.8)	64.4	1.8 (0.9)	66.9	-1.0 (0.5)
	PROMIS®-Fatigue	22.3	-2.0 (0.6)	21.1	-1.7 (1.1)	22.0	-1.9 (0.7)	20.4	-0.3 (0.3)
Biomarkers	Urine Hex4, mmol/mol	4.6	-1.9 (0.3)	6.9	1.2 (0.7)	4.6	-1.7 (0.3)	7.2	1.9 (0.7)
	Serum CK, U/L	447.0	-130.5 (25.1)	527.8	60.2 (26.2)	441.8	-118.0 (28.4)	492.3	79.6 (25.1)

Based on LOCF means

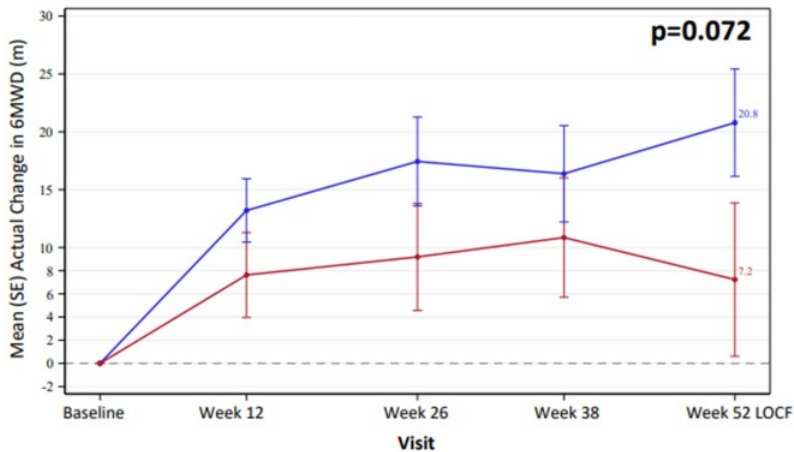
■ Treatment group favored ■ Nominal statistical significance

Phase 3 PROPEL Study Results

Overall Population (n=122*)

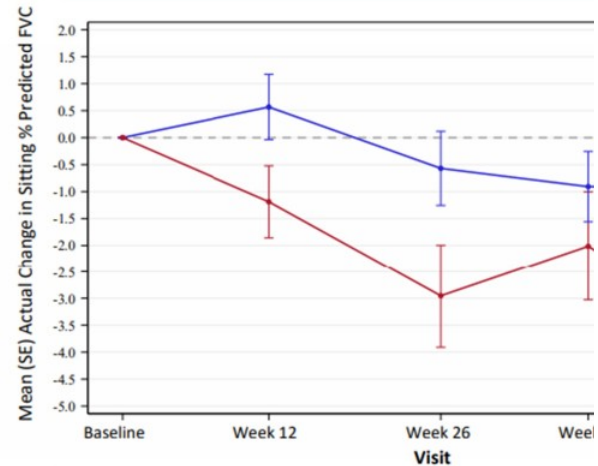
Primary and First Key Secondary Endpoint Showed Greater Improvement with AT-GAA vs. alg in the Overall Population of ERT-Naïve and ERT-Experienced Patients

6MWD (m): Change from baseline (n=85, n=37)



Treatment: — CipaglucoSIDase alfa/miglustat — Alglucosidase alfa/placebo

FVC (% predicted): Change from baseline (n=85, n=37)



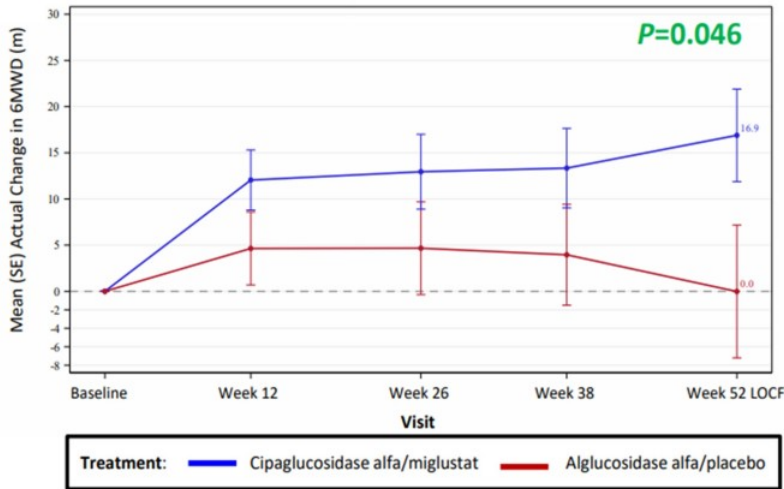
Treatment: — CipaglucoSIDase alfa/miglustat — Alglucosidase alfa/placebo

Phase 3 PROPEL Topline Results:

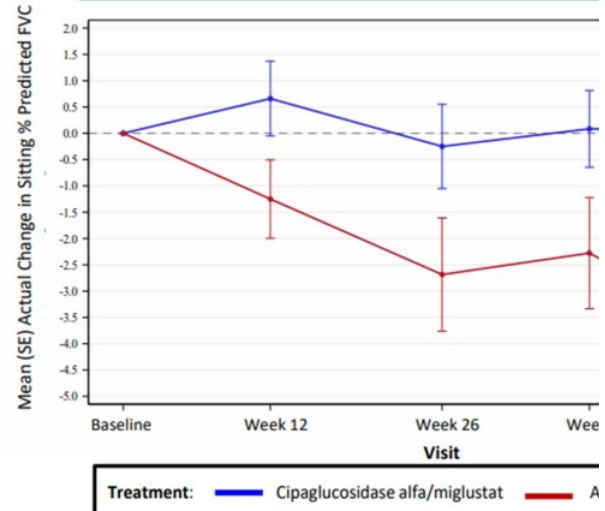
ERT Experienced Population (n=95)

ERT Experienced Patients Treated with AT-GAA Demonstrated Improvements over Time and Stabilization over Time in FVC Versus alglucosidase alfa

6MWD (m): Change from baseline
(n=65, n=30)



FVC (% predicted): Change from baseline
(n=65, n=30)



Phase 3 PROPEL Study Publication

Clinically Meaningful Outcomes from Phase 3 PROPEL Study Provide the Basis for Regulatory Submissions of AT-GAA

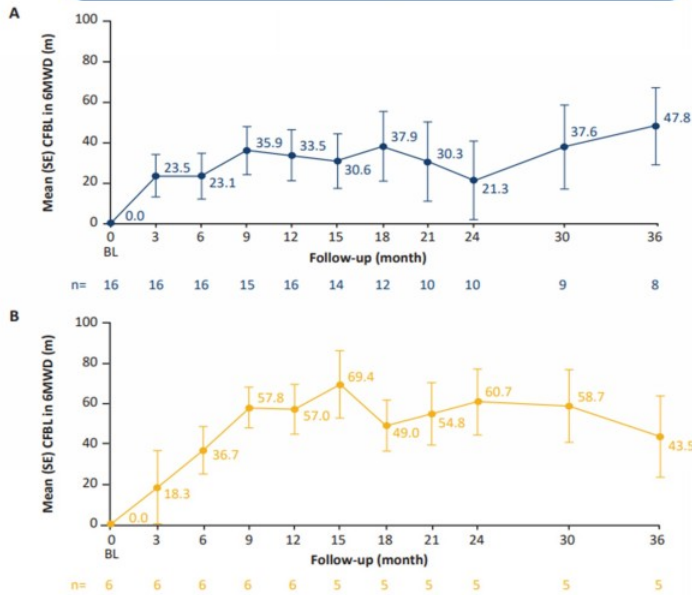


- Peer-reviewed results from PROPEL demonstrate that treatment with AT-GAA provides clinically meaningful improvements over the current standard of care, including ERT-exposed patients with high unmet need
- The authors deemed AT-GAA to represent a differentiated mechanism of action and a potential alternative treatment option for people living with late-onset Pompe disease

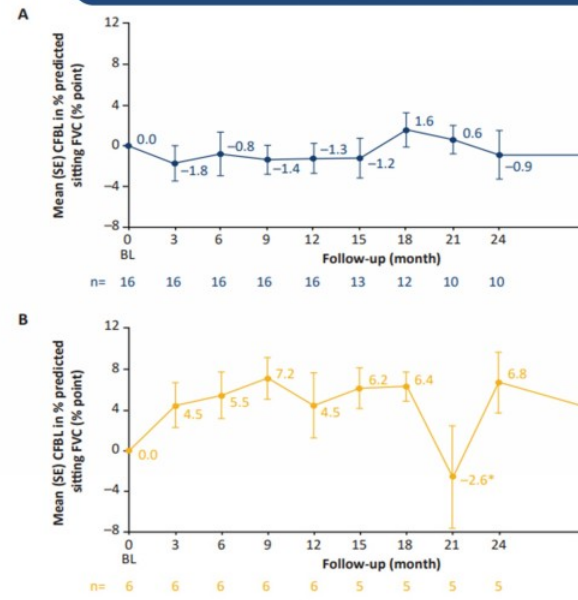
Long-Term Data from Phase 1/2 Clinical Study (ATB200-02)

Persistent and Durable Improvements in Motor and Respiratory Function and Redox Biomarkers of Muscle Damage and Disease Substrate Observed in Patients out to 36 Months

CFBL in 6MWD in (A) ERT-Experienced and (B) ERT-Naïve Patients



CFBL in FVC in (A) ERT-Experienced and (B) ERT-Naïve Patients

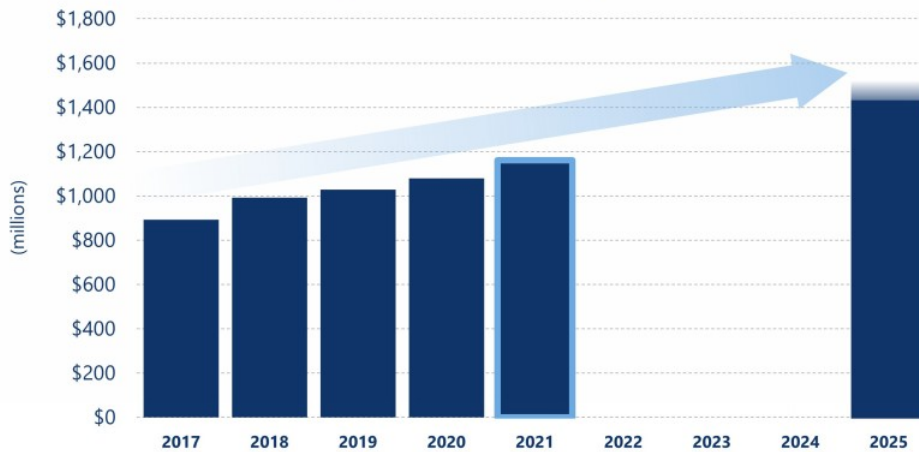


20 NOTE: * One patient in the ERT-naïve cohort experienced a large drop in % predicted FVC at month 21, which returned to previous levels at the following visit (month 24).

Global Pompe Market

Global Pompe Disease Market Growth Continues to be Driven by the Diagnosis of Newborns
Only One Approved Therapy on the Market up until 2021

Global Pompe Market to exceed \$1.1B in 2021
and tracking toward \$1.5B+ by 2025¹



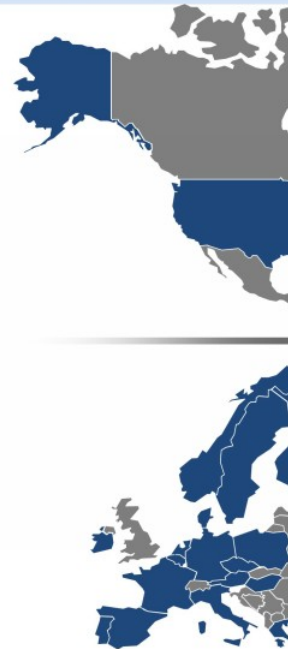
■ Pompe Disease believed to be underdiagnosed

- Newborn screening studies : Pompe to be more prevalent; literature suggest (~1:10,000)
- Newborn screening already in 27 U.S. states with 9 additional pursuing NBS implementation

AT-GAA: Key Takeaways

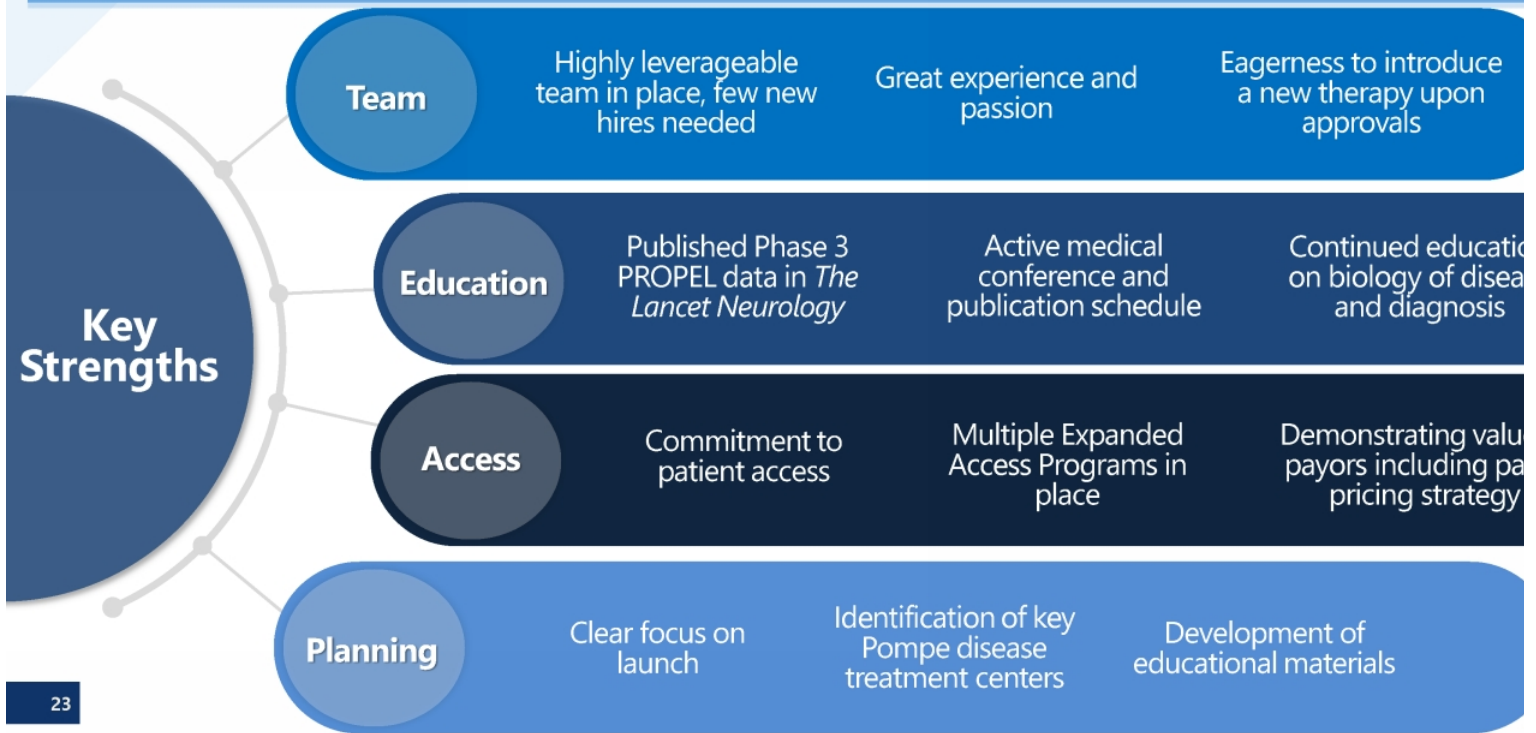
Focused on Advancing AT-GAA to as Many Patients as Possible through Global Regulatory Pathways and Expanded Access Mechanisms

- U.S. Regulatory status update:
 - U.S. PDUFA date 2H2022¹ subject to completion of a manufacturing inspection, which has not yet been scheduled
 - Negotiations substantially complete for draft label
- International Regulatory status update:
 - CHMP opinion expected 4Q2022
 - Planning for additional regulatory submissions
- Multiple expanded access mechanisms in place, including in the U.S., U.K., Germany, France, Japan, and others
 - First reimbursed access through the French compassionate access program
- 175+ people living with Pompe disease are now on AT-GAA across our clinical extension studies and expanded access programs
- Ongoing supportive studies:
 - LOPD in children and adolescents aged 0 to <18; Infantile-Onset Pompe Disease (IOPD)



AT-GAA Launch Preparations

Experienced and Passionate Rare Disease Medical and Commercial Organization Poised for Second Successful Launch





Financial & Operational Strategy

... maintaining a strong financial outlook

Revenue Performance

Q2 Revenue Growth of +4.3% to \$80.7M resulting from Strong Operational Growth of +12.9% at CER Offset by Negative FX impact of

Year-over-Year Sales Growth



- Significant currency exposure a Galafold revenue generated ou
- Applying average July 2022 exc the negative FX impact on full-y Galafold® reported sales would approximately -9%, or ~\$26 mi

Financial Outlook and Path to Profitability

Clear Strategy to Build Our Business, Advance Our Portfolio, and Achieve Profit



Sustain Galafold Revenue Growth

\$159.4M 1H2022 revenue,
+17.8% YoY
Operational Growth

2022 Galafold revenue
guidance of
\$350M-\$365M at CER,
+15-20% YoY Growth



Secure Approvals of AT-GAA

Galafold and AT-GAA
expected to drive
strong double-digit
growth long term



Deliver Financial

Focused on
expense man

2022 non-GAAP
expense gui
\$470M-\$

Achieve pro
in 202

True Measure of Success: Impacting the Lives of Patients Living with Rare Diseases



>350 Patients*



>1,900+ Patients*

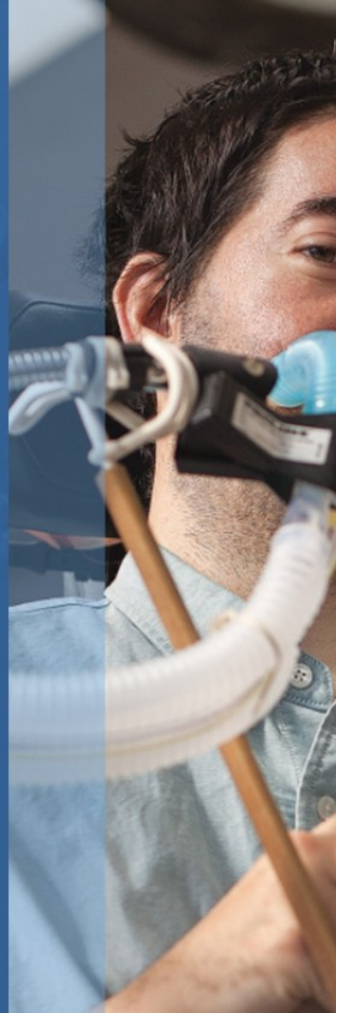


Thousands of



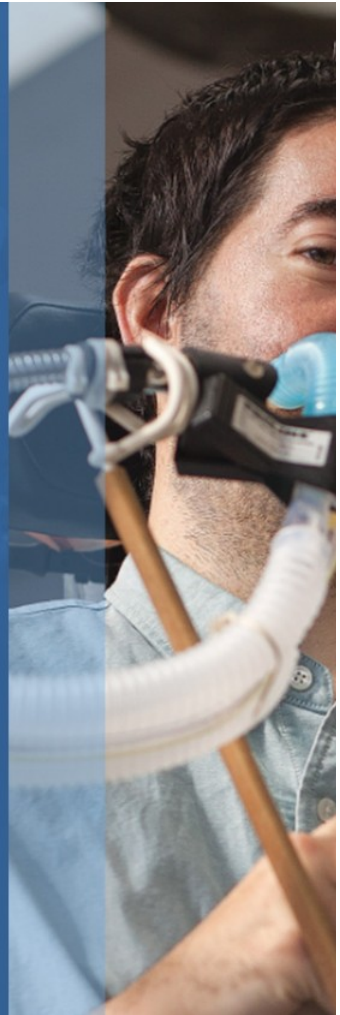


Thank You





Appendix



Environmental, Social, & Governance (ESG) Snapshot

Who We Serve



- Address a rare genetic disease
- First-in-class or best-in-class
- Impart meaningful benefit for patients



Pledge for a Cure

Designate a portion of product revenue back into R&D for that specific disease until there is a cure.

Pricing PROMISE

Committed to never raising the annual price of our products more than consumer inflation.

Charitable Giving

Expanded Access through 2021:

52 patients / 18 countries

Contributions allocated:

\$1,677,000 US

Amicus supported community programs:

20+

Volunteer hours (US):

770

\$832,976 Intl.

Diversity, Equity & Inclusion (DEI)

Pledge to support a more inclusive culture to impact our employees, our communities, and society.

2023 and Beyond:

- Maintain strength in global gender diversity
- Increase US diversity through intentional and ongoing action
- Continuously evaluate compensation practices to ensure pay parity

Global Employees 496 % female employees 58%

% Hiring Slate Diversity 82%



Board of Directors

Committed to ongoing Board refreshment and diversity of background, gender, skills, and experience:

Director Diversity

3 Female
2 Veteran Status
1 African American

80%

Board Independence

60%

Overall Board Diversity

Environmental Management

Eco-friendly decision-making has unearthed economic efficiencies while continuing to bolster our standing as a global corporate citizen.

Employee Recruitment, Engagement, and Retention

Leverage employee capabilities to provide a culture that drives performance. Ultimately attracts, energizes, and retains top talent.

Pulse surveys reveal employee satisfaction in their job, and what they contribute.

Career Development

Reimagined performance metrics to measure the whole team, not just those who role-model.

Appendix

Amicus Therapeutics, Inc.
Reconciliation of Non-GAAP Financial Measures
(in thousands)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2022	2021	2022	2021
Total operating expenses - as reported GAAP	\$ 133,147	\$ 107,867	\$ 279,619	\$ 220,619
Research and development:				
Share-based compensation	4,379	3,152	13,744	9,375
Selling, general and administrative:				
Share-based compensation	8,084	8,584	29,370	22,616
Loss on impairment of assets	—	—	6,616	—
Changes in fair value of contingent consideration payable	115	1,021	(1,073)	1,021
Depreciation and amortization	1,334	1,567	2,745	3,147
Total operating expense adjustments to reported GAAP	13,912	14,324	51,402	36,159
Total operating expenses - as adjusted	\$ 119,235	\$ 93,543	\$ 228,417	\$ 184,460