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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): July 15, 2010

**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**

(IRS Employer Identification No.)

**6 Cedar Brook Drive, Cranbury, NJ**

(Address of Principal Executive Offices)

**08512**

(Zip Code)

Registrant's telephone number, including area code: **(609) 662-2000**

(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))
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**Item 7.01. Regulation FD Disclosure.**

The senior management of Amicus Therapeutics, Inc. (the "Company") is using the presentation attached as Exhibit 99.1 to this Current Report in its current meetings with investors and analysts. The presentation includes an update on the Company's estimated 2010 operating expense. As previously announced, the Company's current cash position is expected to be sufficient to fund operations and capital expenditure requirements into the second half of 2011.

The information in this Current Report on Form 8-K, including Exhibit 99.1, is being furnished pursuant to Item 7.01 and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities under that Section.

**Item 9.01. Financial Statements and Exhibits.**

(d) Exhibits: The Exhibit Index annexed hereto is incorporated herein by reference.

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## SIGNATURES

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.

Amicus Therapeutics, Inc.

Date: July 15, 2010

By: /s/ Geoffrey P. Gilmore  
Geoffrey P. Gilmore  
Senior Vice President and General Counsel

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**EXHIBIT INDEX**

<u>Exhibit No.</u>	<u>Description</u>
99.1	Presentation Materials

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# Corporate Presentation

*July 15, 2010*

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# Safe Harbor

Slide 1

This presentation contains certain "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995 relating to the business, operations and financial condition of Amicus, including but not limited to preclinical and clinical development of Amicus' candidate drug products, the timing and reporting of results from preclinical studies and clinical trials evaluating Amicus' candidate drug products, business development opportunities, and the projected cash position for the Company. Words such as, but not limited to, "look forward to," "believe," "expect," "anticipate," "estimate," "intend," "likely," "should" and "could," and similar expressions or words, identify forward-looking statements. Although Amicus believes the expectations reflected in such forward-looking statements are based upon reasonable assumptions, there can be no assurance that its expectations will be realized. Actual results could differ materially from those projected in Amicus' forward looking statements due to numerous known and unknown risks and uncertainties, including the "Risk Factors" described in our Annual Report on Form 10-K for the year ended December 31, 2009. Amicus does not undertake any obligation to publicly update any forward-looking statement to reflect events or circumstances after the date on which any such statement is made, or to reflect the occurrence of unanticipated events.



# Amicus Therapeutics

## Overview

Slide 2

- Focused on developing treatments for rare diseases
- Pioneering use of pharmacological chaperone technology
- Lead program in Phase 3 for Fabry with results expected mid-2011
- Strong financial position
- Potential for multiple strategic partnership opportunities

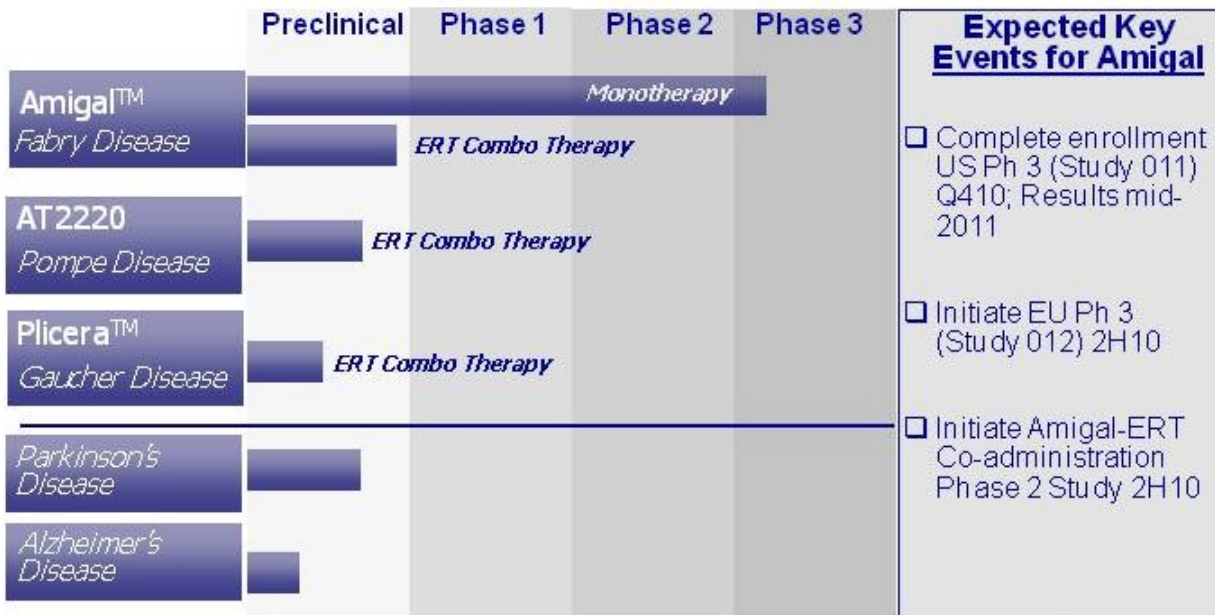
Shares outstanding: <i>As of March 31, 2010</i>	27.6 million
Price per share: <i>As of July 6, 2010</i>	\$2.18
Market Cap :	\$60.25 million
Cash Position: <i>As of March 31, 2010</i>	\$81.4
2010 expected burn:	\$45-55 million



# Pipeline

## Building significant rare disease franchise

Slide 3







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Therapeutics

*Amigal™ for Fabry Disease*

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# Amigal for Fabry Disease

Phase 3 program is our number one strategic priority

Slide 5

## Phase 3 US Registration Trial (Study 011)

<b>Study Design</b>	<ul style="list-style-type: none"><li>▪ 6 month trial</li><li>▪ Placebo-controlled, double-blind</li><li>▪ N=60; ~40 sites globally</li></ul>
<b>Patient Population</b>	<ul style="list-style-type: none"><li>▪ Naïve to ERT or off ERT &gt; 6 months</li><li>▪ Responsive mutation</li><li>▪ 4X normal urine GL-3</li></ul>
<b>Primary Endpoint</b>	<ul style="list-style-type: none"><li>▪ Responder analysis: Amigal versus Placebo</li><li>▪ Responder = <math>\geq 50\%</math> reduction in kidney interstitial capillary GL-3</li></ul>
<b>Secondary Endpoints</b>	<ul style="list-style-type: none"><li>▪ Urine GL-3</li><li>▪ Glomerular filtration rate</li><li>▪ 24-hour urine protein</li><li>▪ Safety and tolerability</li></ul>
<b>Status</b>	<ul style="list-style-type: none"><li>▪ First patient dosed Q4 09</li><li>▪ Expect to complete enrollment Q4 2010</li><li>▪ Results expected mid-2011</li></ul>



# Amigal for Fabry Disease

## Confident in likelihood of success of Phase 3

Slide 6

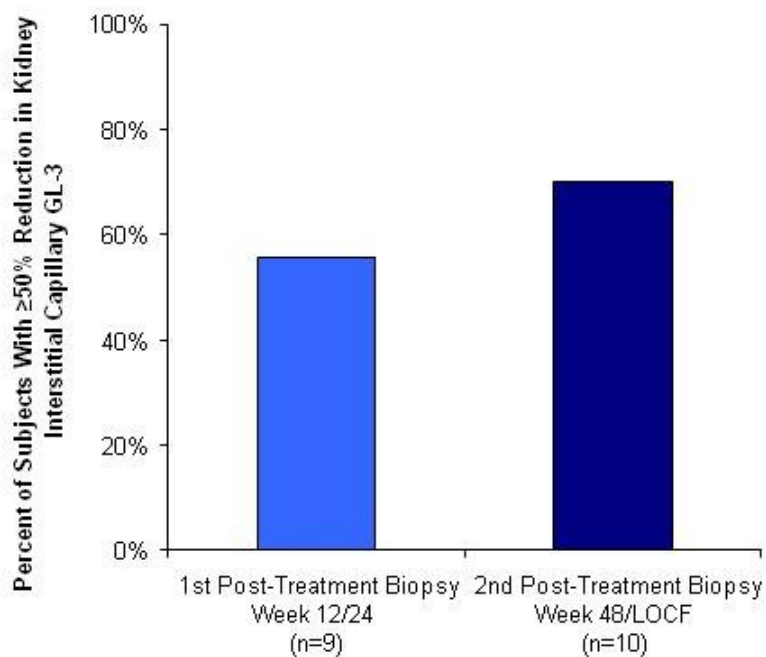
- Strong Phase 2 results using primary endpoint for Phase 3
  - 55% of Phase 2 responders (mutations eligible for Phase 3) met the Phase 3 primary endpoint by week 12 or 24
  - Increased to 70% by week 48
- Phase 3 study design provides confidence in potential for success
  - Strict criteria for enrollment in study
    - Only responsive mutations
    - 4X normal baseline urine GL-3
    - ERT treatment naïve or off for at least 6 months
  - Biopsy methodology significantly improved
  - Amigal treated group will be compared to group treated with placebo

# Majority Ph2 Responders Met Primary Endpoint for Ph3

≥50% Reduction in Kidney Interstitial Capillary GL-3

Slide 7

Preliminary Data

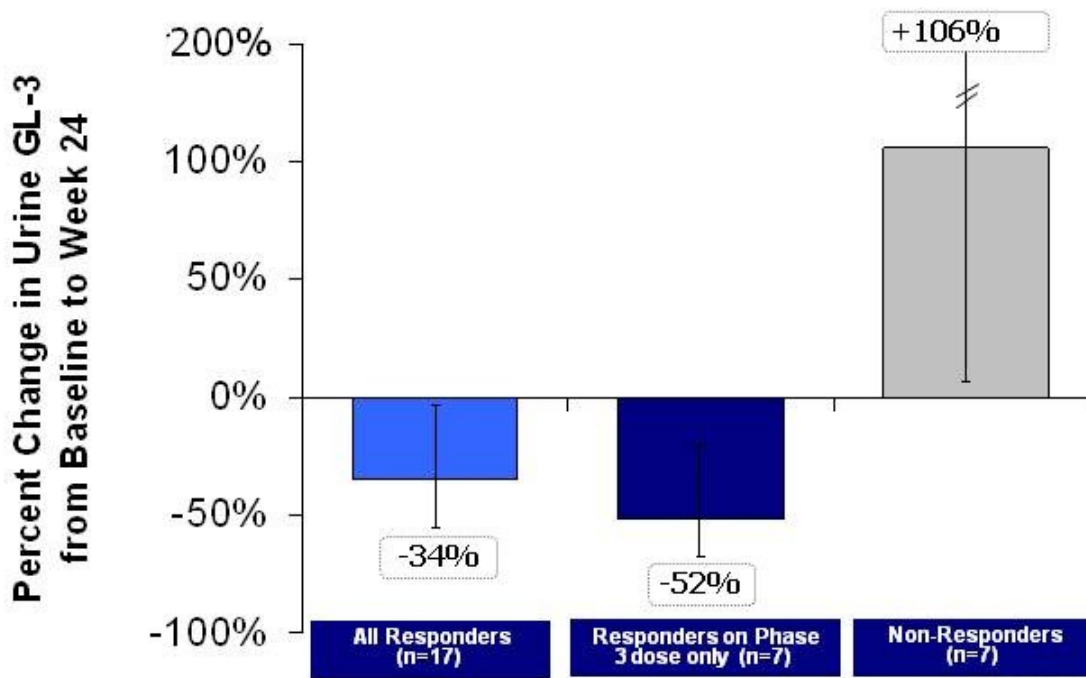


Note: LOCF is last observation carried forward; Responders have mutations eligible for Ph3

# Amigal Decreases Urine GL-3

## Phase 3 secondary endpoint

Slide 8

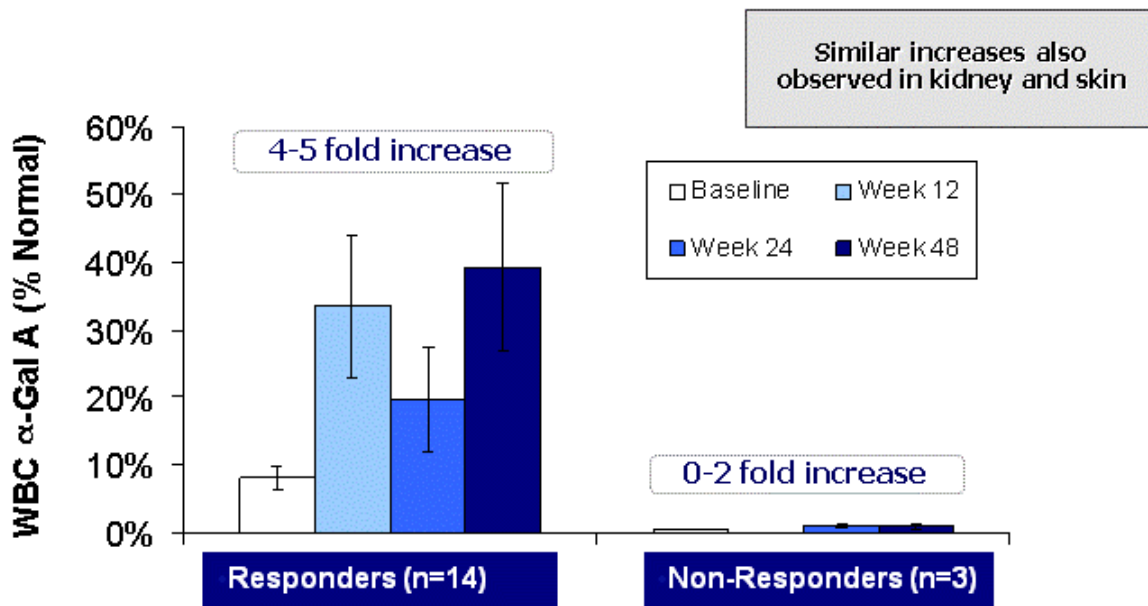


Note: Median and 25%, 75% quartiles presented; Fabryzyme Phase 3 study reported a 23% reduction in urine GL-3

Preliminary Data

# Amigal Increases Level of Target Enzyme

Slide 9



Note: Males only; Mean and standard error; Responders have mutations eligible for Phase 3

Note: Number of Responders is 14 at baseline and Week 12, 10 at Week 24, and 12 at Week 48. All available data represented.

# Phase 2 Extension Study

## Data update presented in February 2010

Slide 10

### Encouraging long-term safety and efficacy data

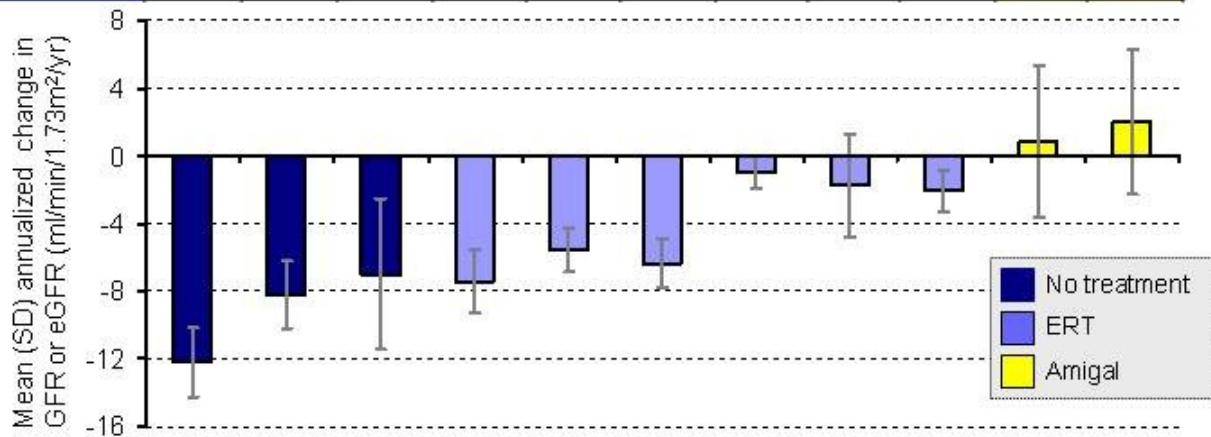
- Phase 2 extension study overview
  - 23 of 26 subjects from original Phase 2 study enrolled
  - Cumulative 70+ patient-years on Amigal
    - 8 subjects on treatment for approximately 2-3 years
    - 11 subjects on treatment for more than 3-4 years
    - 4 subjects on treatment for more than 4 years
  - 19 subjects continue to be treated in Phase 2 extension study
- Safety
  - Amigal generally well tolerated
  - No drug-related serious adverse events
- Renal function evaluated by two measures
  - Estimated glomerular filtration rate (eGFR)
  - Proteinuria

# Renal Function as Measured by eGFR

## Encouraging comparison versus ERT

Slide 11

Study	Branton, 2002	Schwartz, 2006	West, 2009	Germain, 2007	Breunig, 2006	West, 2009	Germain, 2007	Breunig, 2006	West, 2009	AT1001 Ph2, ALL	AT1001 Ph2, R*
N, yrs	n=14, 4 yrs	n=20, 1 yr	n=54, 0.5 yrs	n=10, 4.3 yrs	n=6, 1.9 yrs	n=22, 2.1 yrs	n=42, 4.3 yrs	n=9, 1.9 yrs	n=58, 2.1 yrs	n=16, 2.9 yrs	n=12, 3.0 yrs
Treatment	none	none	none	FAB	FAB	REP	FAB	FAB	REP	AT1001	AT1001
# With B-line Proteinuria $\geq 1g$	N/A	4/20 (e)	N/A	10/10	6/6	22/22	0/42	0/9	0/58	1/16	1/12
Mean BL GFR	CRI onset	70	85	~100	79	90**	~135	94	90**	91	91



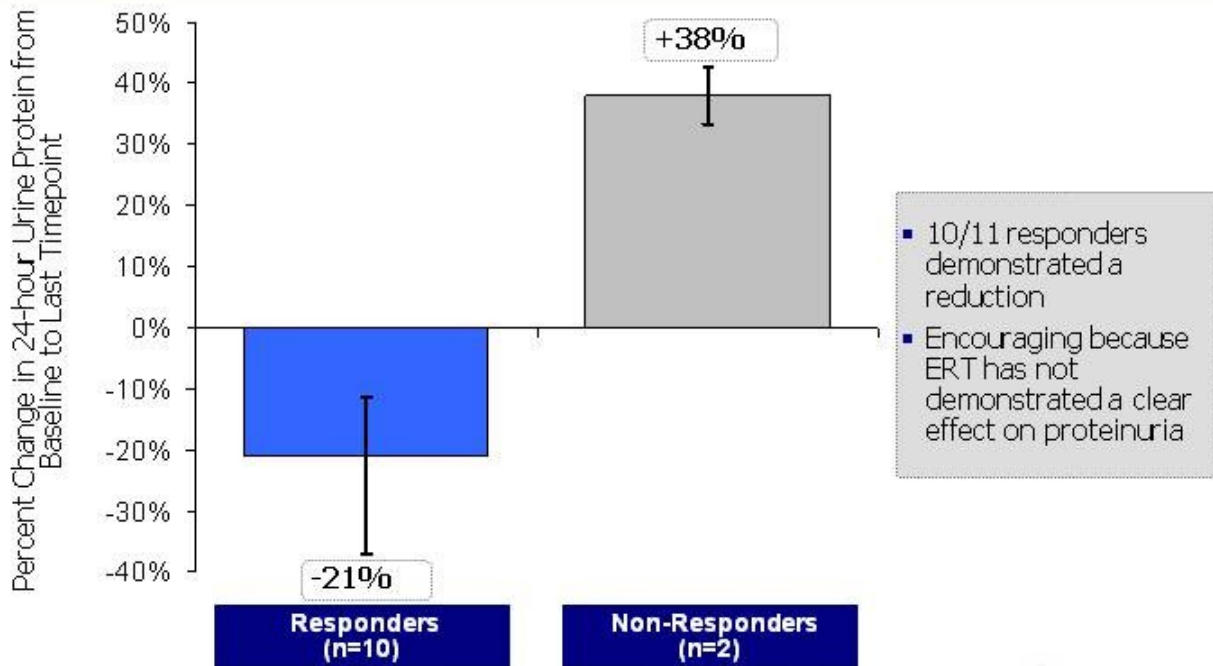
Notes: Figure modified from West, 2009; West, Breunig and AT1001 data exclude hyperfiltrators; \* R= responders with mutations eligible for Ph3 excluding 1 subject previously categorized as a non-responder, \*\* mean GFR for all subjects in West2009 prior to ERT was 90 ml/min



# Renal Function as Measured by Proteinuria

## Responders Demonstrated a Trend Towards Reduction

Slide 12



Note: Median and 25%, 75% quartiles presented; Excludes subjects with no baseline value; One responder was LLOQ at baseline and after treatment

# Amigal for Fabry Disease

## Phase 2 summary

Slide 13

- Amigal was generally well tolerated
- Treatment with Amigal:
  - Increased levels of target enzyme
  - Lowered kidney interstitial capillary GL-3, the primary endpoint for US Phase 3 registration trial
  - Resulted in potential positive impact on renal function
- Physicians and patients are continuing long term treatment

### Potential Amigal Profile

First oral therapy for Fabry



Possible long term efficacy improvement over ERT



Pricing flexibility and ease of manufacturing



Treatment choice for ~ 50% of well-established market

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Therapeutics

*Chaperone-ERT*  
*Co-administration Therapy*

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# Chaperone-Enzyme Replacement Therapy

## Co-administration Therapy

Slide 15

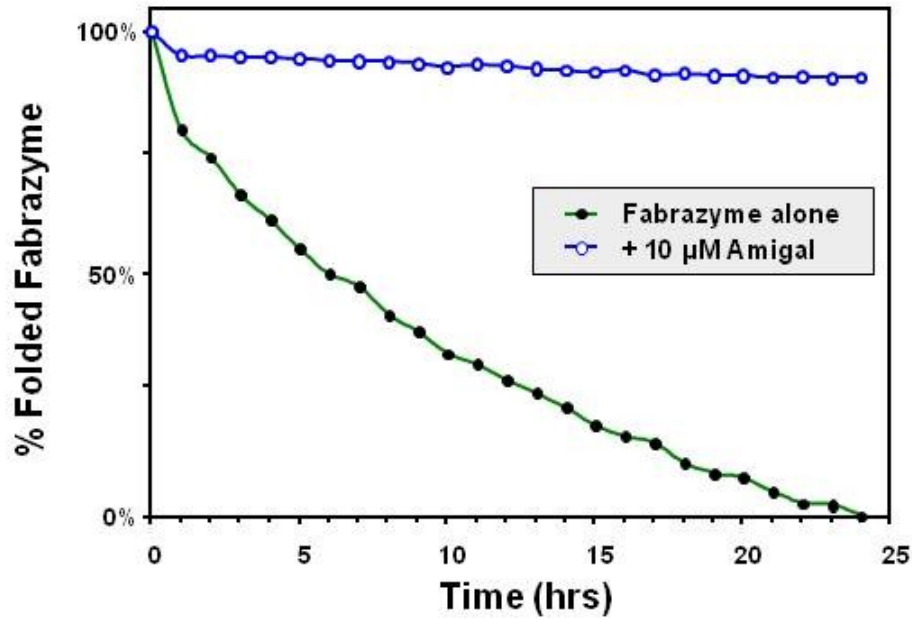
### Expansion of PC technology strengthens rare disease franchise

- Potential to significantly enhance ERT safety and efficacy
  - Increase ERT half-life in circulation
  - Increase effectiveness of ERT
  - Improve safety of ERT
  - Decrease quantity of ERT with reduced infusion time and costs
- Status and next steps
  - Preclinical proof-of-concept established in Fabry and Pompe
  - Plan to initiate Phase 2 clinical study with Amigal and ERT in 2010
  - Evaluating options to advance programs in Pompe and Gaucher

# Amigal Increases Fabrazyme® Stability

Slide 16

Denaturation Time Course of Fabrazyme at pH=7.4



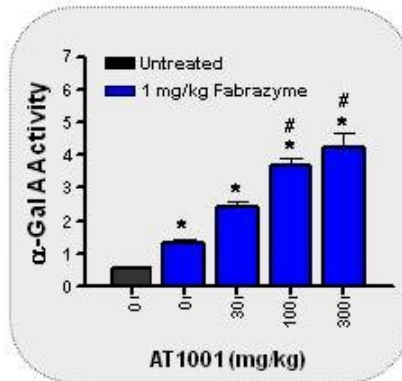
Percent folded rh $\alpha$ -Gal (Fabrazyme)  $\pm$  10  $\mu$ MAT1001 at 37 °C



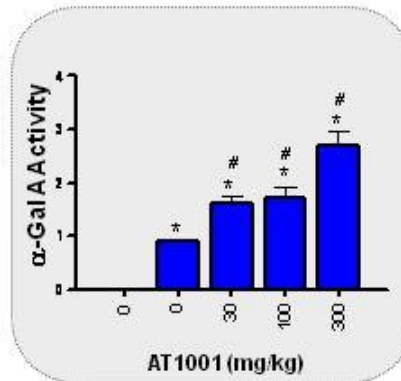
# Amigal Increases Fabrazyme Tissue Uptake

Slide 17

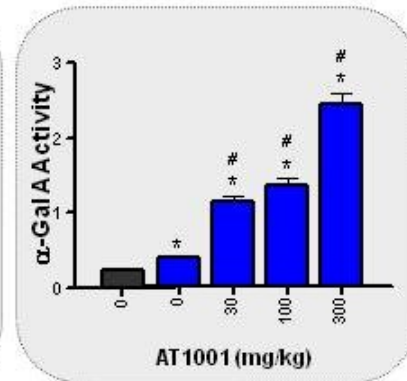
## Skin



## Heart



## Kidney



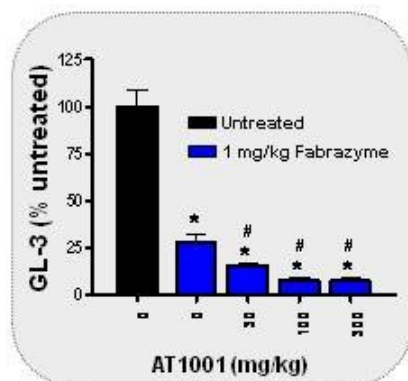
- 12-wk old  $\alpha$ -Gal A deficient mice
- Single IV injection of Fabrazyme +/- oral AT1001 30 min before and 2 hrs after injection
- Tissue collected 7 days after Fabrazyme injection to measure rh $\alpha$ -Gal A activity
- n=7-8 mice/group; \*p<0.05 vs. untreated and #p<0.05 vs. rh $\alpha$ -Gal A alone, t-test
- Units = nmol/mg protein/hr

nicus  
pharmaceuticals

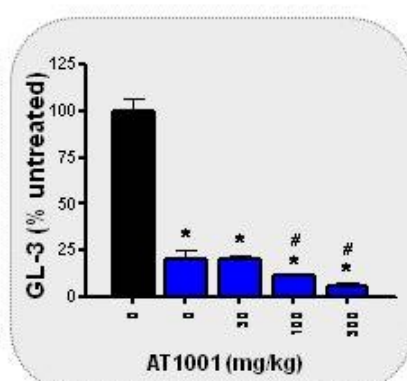
# Amigal Increases GL-3 Clearance by Fabrazyme

Slide 18

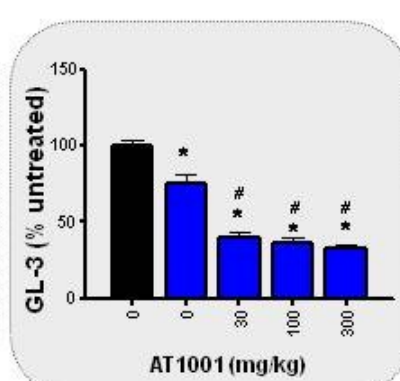
## Skin



## Heart



## Kidney



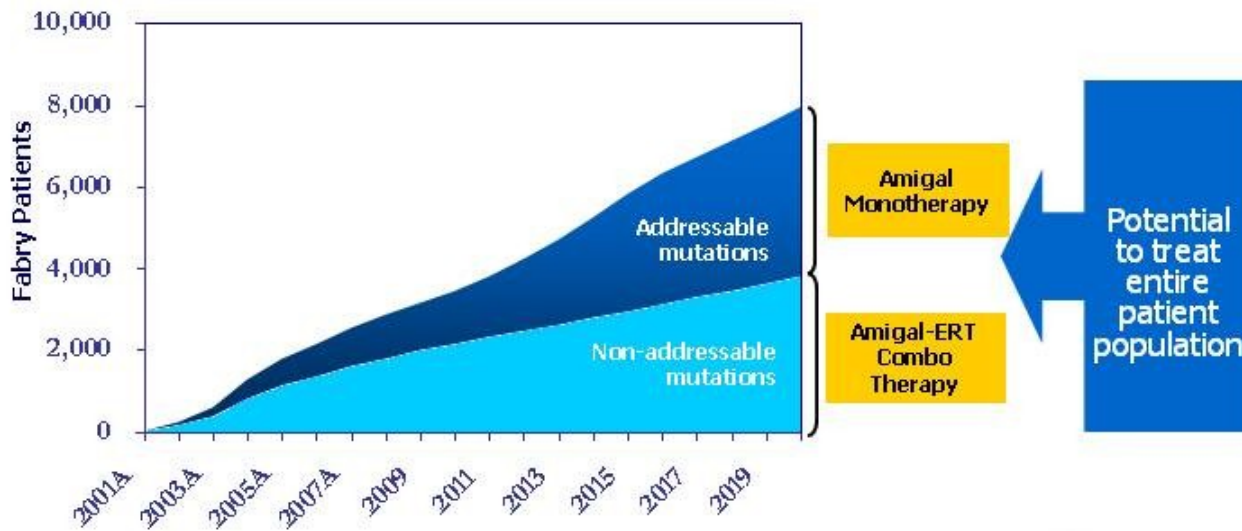
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# Amigal for Fabry Disease

## Treatment options for all patients

Slide 19

Fabry Market (2008) is \$670MM+ with 18%+ CAGR



(1) Sales and CAGR based on 2008 company 10Ks; (2) Future market growth extrapolated from JPMorgan, AG Edwards, SG Cowen and Credit Suisse projections through 2010







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*CNS Diseases*

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# Parkinson's Disease & Gaucher Disease

## An established genetic link

Slide 21

Mutations in the gene (*GBA*) now considered most common genetic risk factor for Parkinson's disease



- Gaucher carriers have an estimated 5-fold increased risk for Parkinson's disease
- Multiple independent studies in different populations



The New England Journal of Medicine  
N Engl J Med 2003;349:1052-61



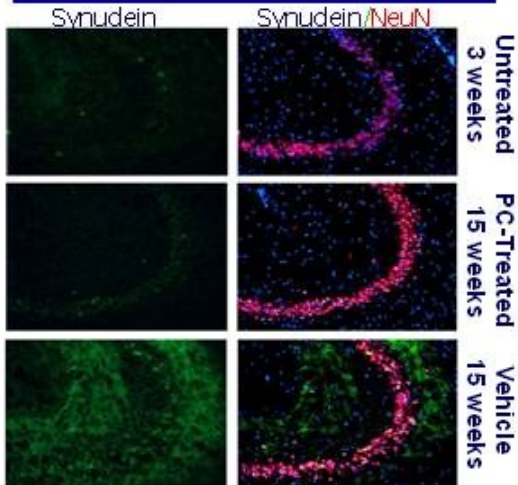
# Significant Advancements in Parkinson's

## Increasing GCase leads to synuclein reduction

Slide 22

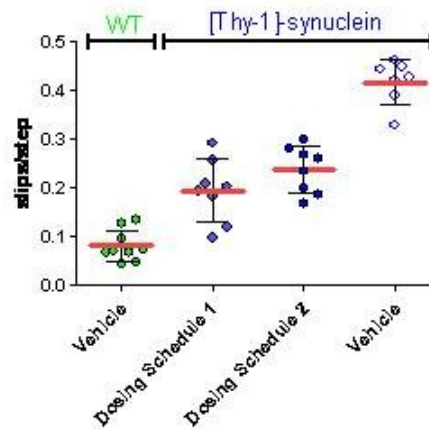
Established proof-of-concept in Parkinson's animal models

Prevention of synuclein accumulation in the brain



Improvement in behavior and motor function

Challenging Beam



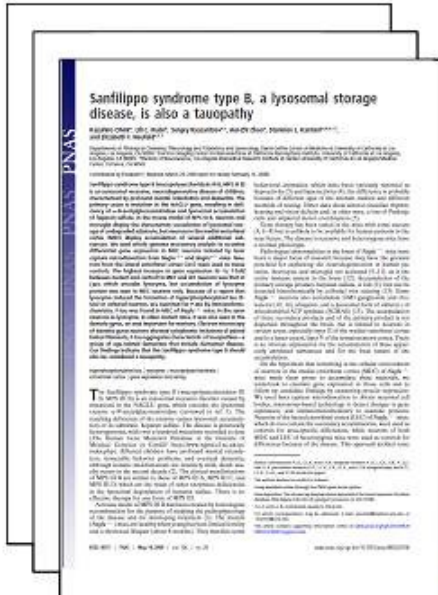
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Therapeutics

# Alzheimer's Disease Program

## Pharmacological chaperone approach

Slide 23

### Apparent link between various lysosomal enzymes and accumulation of $\beta$ -amyloid and P-Tau deposits in the brain



- $\beta$ -amyloid and P-Tau are hallmarks of Alzheimer's disease
- Potential to use pharmacological chaperones to increase activity of target enzymes and decrease  $\beta$ -amyloid and P-tau



Proceedings of the National Academy of Science  
Proc. Natl. Acad. Sci. USA, 2009;106:9332-7



## Committed to building shareholder value in 2010

- ✓ Prioritizing execution of Amigal Phase 3 program
- ✓ Focused on rare disease opportunities
- ✓ Exploring multiple strategic partnership opportunities to build on financial strength



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Therapeutics

# Corporate Presentation

*July 15, 2010*