

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

OMB APPROVAL	
OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

**Notice of Exempt Offering of Securities**

**1. Issuer's Identity**

CIK (Filer ID Number)	Previous Names <input type="checkbox"/> None	Entity Type
<a href="#">0001178879</a>	<a href="#">AMICUS THERAPEUTICS INC</a>	<input checked="" type="checkbox"/> Corporation
Name of Issuer		<input type="checkbox"/> Limited Partnership
<a href="#">AMICUS THERAPEUTICS, INC.</a>		<input type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="checkbox"/> General Partnership
<a href="#">DELAWARE</a>		<input type="checkbox"/> Business Trust
Year of Incorporation/Organization		<input type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> Over Five Years Ago		
<input type="checkbox"/> Within Last Five Years (Specify Year)		
<input type="checkbox"/> Yet to Be Formed		

**2. Principal Place of Business and Contact Information**

Name of Issuer			
<a href="#">AMICUS THERAPEUTICS, INC.</a>			
Street Address 1	Street Address 2		
<a href="#">47 Hulfish Street</a>			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
<a href="#">Princeton</a>	<a href="#">NEW JERSEY</a>	<a href="#">08542</a>	<a href="#">609-662-2000</a>

**3. Related Persons**

Last Name	First Name	Middle Name
<a href="#">Campbell</a>	<a href="#">Bradley</a>	
Street Address 1	Street Address 2	
<a href="#">47 Hulfish Street</a>		
City	State/Province/Country	ZIP/PostalCode
<a href="#">Princeton</a>	<a href="#">NEW JERSEY</a>	<a href="#">08542</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

[President and Chief Executive Officer of the Issuer](#)

Last Name	First Name	Middle Name
<a href="#">Harford</a>	<a href="#">Simon</a>	
Street Address 1	Street Address 2	
<a href="#">47 Hulfish Street</a>		
City	State/Province/Country	ZIP/PostalCode
<a href="#">Princeton</a>	<a href="#">NEW JERSEY</a>	<a href="#">08542</a>
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

[Chief Financial Officer](#)

Last Name	First Name	Middle Name
<a href="#">Clark</a>	<a href="#">David</a>	
Street Address 1	Street Address 2	
<a href="#">47 Hulfish Street</a>		
City	State/Province/Country	ZIP/PostalCode
<a href="#">Princeton</a>	<a href="#">NEW JERSEY</a>	<a href="#">08542</a>

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Chief People Officer

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Last Name	First Name	Middle Name
Rosenberg	Ellen	S.
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Chief Legal Officer and Corporate Secretary

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Last Name	First Name	Middle Name
Castelli, Ph.D.	Jeffrey	P.
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Chief Development Officer

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Last Name	First Name	Middle Name
Crowley	John	F
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Bleil	Lynn	D
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Kelly	Michael	A
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
McGlynn	Margaret	G.
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode

Princeton NEW JERSEY 08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Raab	Michael	G
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Roberts, M.D.	Eiry	W
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Sblendorio	Glenn	P
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Wheeler	Craig	A
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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Last Name	First Name	Middle Name
Whitman	Burke	W
Street Address 1	Street Address 2	
47 Hulfish Street		
City	State/Province/Country	ZIP/PostalCode
Princeton	NEW JERSEY	08542

Relationship:  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

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#### 4. Industry Group

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Agriculture                  | Health Care                                       | <input type="checkbox"/> Retailing          |
| <input type="checkbox"/> Banking & Financial Services | <input checked="" type="checkbox"/> Biotechnology | <input type="checkbox"/> Restaurants        |
| <input type="checkbox"/> Commercial Banking           | <input type="checkbox"/> Health Insurance         | Technology                                  |
| <input type="checkbox"/> Insurance                    | <input type="checkbox"/> Hospitals & Physicians   | <input type="checkbox"/> Computers          |
| <input type="checkbox"/> Investing                    | <input type="checkbox"/> Pharmaceuticals          | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/>                              |   |   |

Investment Banking  
 Pooled Investment Fund  
Is the issuer registered as an investment company under the Investment Company Act of 1940?  
 Yes  No

Other Health Care  
 Manufacturing  
Real Estate  
 Commercial  
 Construction  
 REITs & Finance  
 Residential  
 Other Real Estate  
 Other Technology  
Travel  
 Airlines & Airports  
 Lodging & Conventions  
 Tourism & Travel Services  
 Other Travel  
 Other

Other Banking & Financial Services  
 Business Services  
Energy  
 Coal Mining  
 Electric Utilities  
 Energy Conservation  
 Environmental Services  
 Oil & Gas  
 Other Energy

## 5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
<input type="checkbox"/> No Revenues		<input type="checkbox"/> No Aggregate Net Asset Value
<input type="checkbox"/> \$1 - \$1,000,000		<input type="checkbox"/> \$1 - \$5,000,000
<input type="checkbox"/> \$1,000,001 - \$5,000,000		<input type="checkbox"/> \$5,000,001 - \$25,000,000
<input type="checkbox"/> \$5,000,001 - \$25,000,000		<input type="checkbox"/> \$25,000,001 - \$50,000,000
<input type="checkbox"/> \$25,000,001 - \$100,000,000		<input type="checkbox"/> \$50,000,001 - \$100,000,000
<input type="checkbox"/> Over \$100,000,000		<input type="checkbox"/> Over \$100,000,000
<input checked="" type="checkbox"/> Decline to Disclose		<input type="checkbox"/> Decline to Disclose
<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Not Applicable

## 6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))  
 Rule 504 (b)(1)(i)  
 Rule 504 (b)(1)(ii)  
 Rule 504 (b)(1)(iii)  
 Rule 506(b)  
 Rule 506(c)  
 Securities Act Section 4(a)(5)

Investment Company Act Section 3(c)  
 Section 3(c)(1)  Section 3(c)(9)  
 Section 3(c)(2)  Section 3(c)(10)  
 Section 3(c)(3)  Section 3(c)(11)  
 Section 3(c)(4)  Section 3(c)(12)  
 Section 3(c)(5)  Section 3(c)(13)  
 Section 3(c)(6)  Section 3(c)(14)  
 Section 3(c)(7)

## 7. Type of Filing

New Notice Date of First Sale [2023-10-05](#)  First Sale Yet to Occur  
 Amendment

## 8. Duration of Offering

Does the Issuer intend this offering to last more than one year?  Yes  No

## 9. Type(s) of Securities Offered (select all that apply)

Equity  
 Debt  
 Option, Warrant or Other Right to Acquire Another Security  
 Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security

Pooled Investment Fund Interests  
 Tenant-in-Common Securities  
 Mineral Property Securities  
 Other (describe)

## 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?  Yes  No

Clarification of Response (if Necessary):

## 11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

## 12. Sales Compensation

Recipient (Associated) Broker or Dealer <input checked="" type="checkbox"/> None	Recipient CRD Number <input checked="" type="checkbox"/> None (Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None	
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States <input type="checkbox"/> All States	<input type="checkbox"/> Foreign/non-US	

## 13. Offering and Sales Amounts

Total Offering Amount \$29,999,985 USD or  Indefinite  
Total Amount Sold \$29,999,985 USD  
Total Remaining to be Sold \$0 USD or  Indefinite

Clarification of Response (if Necessary):

## 14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

2

## 15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD  Estimate

Finders' Fees \$0 USD  Estimate

Clarification of Response (if Necessary):

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD  Estimate

Clarification of Response (if Necessary):

## Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

### Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.\*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment

Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
AMICUS THERAPEUTICS, INC.	/s/Simon Harford	Simon Harford	Chief Financial Officer of Issuer	2023-10-16

*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 number.*

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.