BARER SOL J

Form 3

January 16, 20)09								
FORM	3 ^{UNI}	TED STA		SECURITIES AND EXCHANGE COMMISSION			OMB APPROVAL		
. •	Washington, D.C. 20549					OMB Number:	3235-0104		
	1	NITIAL S	STATEMENT OF BEN		OWNERSH	IIP OF	Expires:	January 31,	
			SECURI	TIES			Estimated average 2005		
		on 17(a) of	t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C	ng Company	Act of 193		burden hou response 1		
(Print or Type Re	esponses)								
Person <u>Sta</u>			Statement (Month/Day/Year)	^g 3. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]					
(Last)	(First)	(Middle)	01/06/2009	4. Relationship of Reporting Person(s) to Issuer			If Amendment, Date Original led(Month/Day/Year)		
C/O CELGENE CORPORATION, 86 MORRIS AVENUE				(Check all applicable)			, , , , , , , , , , , , , , , , , , ,		
	(Street)OfficerOther 6. In (give title below) (specify below) Filin				r 6. Ind ^{ow)} Filing	dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting			
SUMMIT, Ì	NJÂ 0790	1				Persor Fo			
(City)	(State)	(Zip)	Table I - N	Non-Derivati	ive Securiti	es Benefici	ally Owned	l	
1.Title of Securi (Instr. 4)	ty		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	icial	
Reminder: Report owned directly o	-	ate line for ea	ach class of securities benefic	ially SI	EC 1473 (7-02	2)			
	inforn requir	nation conta red to respo	pond to the collection of ained in this form are not ond unless the form disp MB control number.	t					
Ta	ble II - Der	vivative Secu	rities Beneficially Owned (e	e.g., puts, calls,	warrants, op	tions, convert	ible securities)	

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / A	Relationships						
	Director	10% Owner	Officer	Other			
BARER SOL J C/O CELGENE CORPOR 86 MORRIS AVENUE SUMMIT, NJ 07901	ATION	ÂX	Â	Â	Â		
Signatures							
/s/ Sol J. Barer	01/16/20)09					
**Signature of Reporting Person	Date						
Explanation of Responses:							

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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.