#### Edgar Filing: Schaeffer Orlov S Nicole - Form 4

Schaeffer Orlov S Nicole Form 4 February 05, 2009 FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

Form 5

1(b).

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

	Address of Reporting Orlov S Nicole	Symbol	CUS THERAPEUTICS INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
	(First) ( CUS THERAPEU EDAR BROOK D	(Month TICS, 02/03/	of Earliest Transaction h/Day/Year) /2009	Director   10% Owner     X Officer (give title   Other (specify below)     below)   below)     SVP, HR & Leadership Devt		
CRANBU	(Street) RY, NJ 08512		mendment, Date Original Ionth/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip) Ta	able I - Non-Derivative Securities	Acquired, Disposed of, or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code Disposed of (D)	Securities Form: Direct In Beneficially (D) or Indirect Be Owned (I) Or Following (Instr. 4) (In Reported Transaction(s) (Instr. 3 and 4)	Nature of ndirect eneficial wnership instr. 4)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

Code V Amount (D) Price

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative	Expiration Date	Underlying Securities

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

#### Edgar Filing: Schaeffer Orlov S Nicole - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		2	Code (Instr. 8)	Securities (N Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 10.36	02/03/2009		А	31,500		<u>(1)</u>	02/03/2019	Common Stock	31,500

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Schaeffer Orlov S Nicole C/O AMICUS THERAPEUTICS, INC. 6 CEDAR BROOK DRIVE CRANBURY, NJ 08512			SVP, HR & Leadership Devt			
Signatures						
10/ S. Nicola Schooffer						

/s/ S. Nicole Schaeffer Orlov

\*\*Signature of Reporting Person

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

02/05/2009

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

These options vest and become exercisable in a series of installments. The first installment, which consists of 25% of the total aggregate
number of options granted, vests on February 3, 2010. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments, beginning on March 1, 2010, with the final installment vesting on February 1, 2013.

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.