6. Nature of Indirect

(Instr. 5)

Beneficial Ownership

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AMICUS THERAPEUTICS INC Form 3 February 10, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Title of Derivative Security

(Instr. 4)

1. Name and Addr Person <u>*</u> Rosenberg I		rting	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]			
(Last) (First)	(Middle)	02/08/2016		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)
C/O AMICUS THERAPEUTI BROOK DRIV		EDAR		(Check all applicable) Director 10% Owner _X Officer Other give title below) (specify below) General Counsel & Corp. Secy		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting 		
CRANBURY,	NJ 08	512						Person Form filed by More than One Reporting Person
(City) (State)	(Zip)	Tab	ole I - N	on-Derivat	ive Securiti	es Be	neficially Owned
1.Title of Security (Instr. 4)			Bene	mount of eficially (tr. 4)	Securities Dwned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*
Reminder: Report owned directly or i		e line for ea	ch class of securities	beneficia	ally S	EC 1473 (7-02)	
	informa require	tion conta d to respo	oond to the collec ined in this form nd unless the form IB control numbe	are not m displa	ays a			

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Securities Underlying

Amount or

Number of

Derivative Security

(Instr. 4)

4.

Conversion

or Exercise

Derivative

Price of

Security

5.

Ownership

Derivative

Security:

Direct (D)

Form of

2. Date Exercisable and 3. Title and Amount of

Expiration Title

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

OMB APPROVAL

OMB 3235-0104 Number: January 31, 2005 Estimated average burden hours per response... 0.5

Shares	or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Rosenberg Ellen C/O AMICUS THERAPEUTICS 1 CEDAR BROOK DRIVE CRANBURY, NJ 08512		Â	Â	General Counsel & Corp. Secy	Â		
Signatures							
/s/ Ellen Rosenberg	02/10/2016						
<u>**</u> Signature of Reporting Person	Date						
	D						

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.