## Edgar Filing: AMICUS THERAPEUTICS INC - Form 4

AMICUS THEI Form 4	RAPEUTICS	INC	-						
June 13, 2016 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer Check this box								N OMB Number: Expires:	PPROVAL 3235-0287 January 31, 2005
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF         subject to         Subject to         Section 16.         Form 4 or         Form 5         obligations         may continue.         See Instruction         1(b).    StateMent OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per response Estimated average burden hours per response See Instruction 1(b).									urs per
(Print or Type Resp	oonses)								
1. Name and Addr WHEELER CF		Person <u>*</u>	Symbol	er Name <b>an</b> US THER 1]		-	5. Relationship o Issuer (Cho	of Reporting Per eck all applicabl	
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2016			X_ Director 10% Owner Officer (give title Other (specify below) below)			
CRANBURY,	ed(Month/Day/Year) Ap _X			Applicable Line) _X_ Form filed by Form filed by	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)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
	Fransaction Date onth/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	Perso inform requir	ons who res nation cont red to respo ays a curren	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)
	Tab					posed of, or convertible s	Beneficially Owner securities)	d	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amo	unt of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	iorDerivative	Expiration Date	Underlying Secu	rities I

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Security (Instr. 3)	5		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		S (
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 6.71	06/09/2016		А	30,000		<u>(1)</u>	06/09/2026	Common Stock	30,000	

## **Reporting Owners**

Reporting Owner Name / Address			Relationsh	ips	
		Director	10% Owner	Officer	Other
WHEELER CRAIG A C/O AMICUS THERAPEUTICS 1 CEDAR BROOK DRIVE CRANBURY, NJ 08512		Х			
Signatures					
/s/ Craig A. Wheeler	06/13	/2016			
<pre>**Signature of Reporting Person</pre>	Dat	e			

## **Explanation of Responses:**

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

These options vest and become exercisable in a series of installments. The first installment, which consists of 25% of the total aggregate
(1) number of options granted, vests on June 9, 2017. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments, beginning on July 1, 2017, with the final installment vesting on June 1, 2020.

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.

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