## Edgar Filing: AMICUS THERAPEUTICS INC - Form 5

AMICUS THERAPEUTICS INC Form 5 Februar FO

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February 13, 201	5								
FORM 5							OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHAN Check this box if Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0362	
no longer subjec	no longer subject						Expires:	January 31, 2005	
to Section 16. Form 4 or Form 5 obligations ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						EFICIAL	Estimated average burden hours per response 1.0		
may continue. See Instruction							response	1.0	
1(b).	·				ecurities Exchange				
Form 3 Holding Reported Form 4 Transactions Reported	<sup>s</sup> Section 17(a				g Company Act of ompany Act of 194		1		
1. Name and Address of Reporting Person <u>*</u> Crowley John F			2. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[FOLD]			(Cheel	x an appneable	)	
(Last)	(First) (M	·	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014			X Director 10% Owner X Officer (give title Other (specify below) below) Chairman & CEO			
C/O AMICUS T INC., 1 CEDA		· ·				Cha			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Reporting			
						(check	applicable line)		
CRANBURY,Â	NJÂ 08512								
						_X_ Form Filed by C Form Filed by M Person			
(City)	(State) (	Zip)	Table	e I - Non-Deri	vative Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
	Fransaction Date onth/Day/Year)	2A. Deem Execution any		3. Transaction Code	4. Securities Acquire (A) or Disposed of (D)	d 5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or		

1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction	(A) or Dis	sposed	of	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	(D)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4	4 and 5	5)	Owned at end	Indirect (I)	Ownership
							of Issuer's	(Instr. 4)	(Instr. 4)
					( )		Fiscal Year		
					(A)		(Instr. 3 and		
					or	р.:	4)		
				Amount	(D)	Price			
Common Stock	12/18/2014	Â	G	25,584 (1)	D	\$0	83,499	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	64,895	Ι	By Trust

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

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 control number.

SEC 2270 (9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D So B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Crowley John F C/O AMICUS THERAPEUTICS, INC. 1 CEDAR BROOK DRIVE CRANBURY, NJ 08512	ÂX	Â	Chairman & CEO	Â		
Signatures						

/s/ John F. Crowley	02/13/2015			
<u>**</u> Signature of Reporting Person	Date			

## **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).

(1) Mr. Crowley transferred 25,584 shares to the Crowley Family Donor Advised Fund at the University of Notre Dame.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.