

AMICUS THERAPEUTICS INC
 Form 3
 May 30, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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. Name and Address of Reporting Person * HAYDEN DONALD J JR (Last) (First) (Middle) C/O AMICUS THERAPEUTICS, INC., 6 CEDAR BROOK DRIVE (Street) CRANBURY, NJ 08512 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/30/2007	3. Issuer Name and Ticker or Trading Symbol AMICUS THERAPEUTICS INC [FOLD]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible 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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	02/28/2016	Common Stock	66,667	\$ 5.33	D	Â
Stock Option (right to buy)	03/05/2007	09/11/2016	Common Stock	13,334	\$ 8.18	D	Â
Stock Option (right to buy)	Â (2)	04/25/2017	Common Stock	26,666	\$ 13.43	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HAYDEN DONALD J JR C/O AMICUS THERAPEUTICS, INC. 6 CEDAR BROOK DRIVE CRANBURY, NJ 08512	Â X	Â	Â	Â

Signatures

/s/ Douglas A. Branch,
Attorney-in-fact

05/30/2007

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

(1) 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, vested on February 28, 2007. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments of 1,389 shares, beginning on March 1, 2007, with the final installment of 1,385 shares becoming exercisable on February 1, 2010.

(2) 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, will vest on April 25, 2008. The remaining options vest and become exercisable in a series of thirty-five successive equal monthly installments of 556 shares, beginning on May 1, 2008, with a final installment of 539 shares vesting on April 1, 2011.

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.